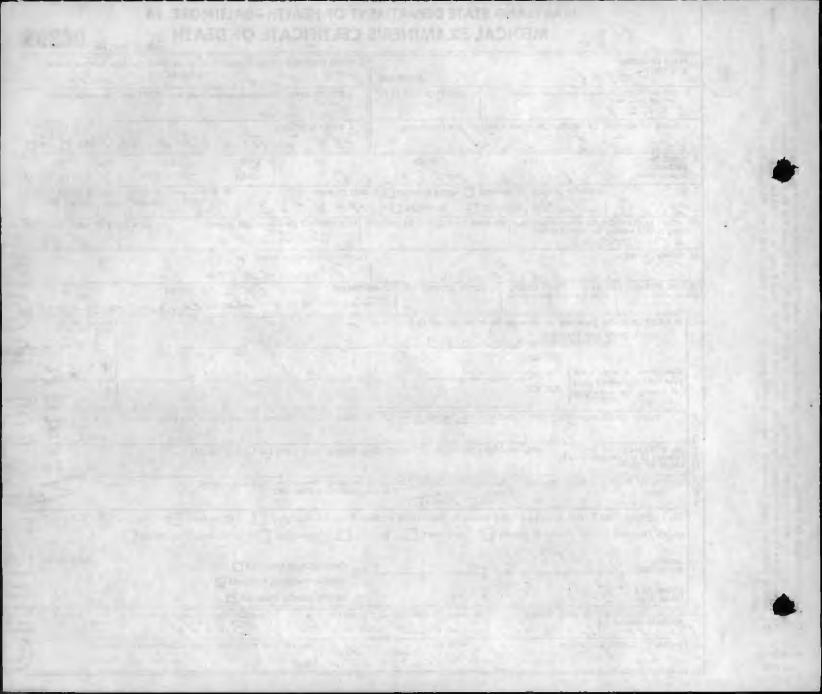
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 06398

1	I, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admiss	ion)
1	SALTO, MARYLAND	a. STATE Sada 6. COUNTY (Salto,	
	b. CITY OR TOWN (If outside corporate limits, write BURAL ond give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town	n)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		FARM?
	3. NAME OF Pirst Middle DECEASED (Type or print) DECEASED (Type or print) DECEASED (Type or print)	Lost 4. DATE Month Doy Ye	ar /
	0 10+	DATE OF BIRTH 9. AGE/In years FUNDER TYEAR IF UNDER LOGIS Mounts Mouths Days Hours	R 24 HRS. Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR' during most of working life, even if retired)	Y 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT C	OUNTRYP
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u></u>
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI [Yes, no. or unknown] If yes, give wer or doles of service)	FORMANT Address	
		Justiand Same as alion	4)
	18. CAUSE OF DEATH [Enter only one cause portine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	aclusin Interval Between ONSET AND DEATH	ž ,
	Conditions, if ony, which) (b) Sea seal ?	1 Act. Scher. 1591	s.
	gave rise to immediate cause (a), stating the underlying cause last. (b)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AI PERFOR	
4		ter nature of injury in Part I or Part II of item 18.)	
9	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Fector 20 while at work 6 of work 6	E OF INJURY (Home, form, y, street, office bldg., etc.) (County)	(Stote)
	21. I certify that I took charge of the remains described above	e, held an Autopsy 🔲, Inspection 🔄, Inquiry 📑 and fi	nd that
	death resulted from: Notural causes , Accident , Suici	de [], Homícide [], Undetermined cause [].	SNED
10	SIGNATURE SECULATION OF THE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S JACLC (BILLING)	DEPUTY MEDICAL EXAMINER (6 - /- C	0/
	220. BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CO CEMETERY OF CO	REMATORY 22d. LOCATION (City, toyn, or county) (Stote)	-
	23. FUNERAL DIRECTOR'S SIGNATUSE ADDRESS ADDRESS 418 Castern	Bld, DATE JUN 8 161 246. REGISTRAR'S SIGNATURE CITILINA S. France	

VS. A15ME(5) 5M 9/55



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6415 in by the funeral s 1 and 2 should PLACE OF DEATH 2 IISUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) E. COUNTY b. COUNTY within 24 hours Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL and give neerest town Fort Howard 45 Days Reltimore filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 2606 Lauretta Avenue Veterans Administration Hospital letely 3. NAME OF 4. DATE DECEASED OF (Type or print) CHARLES DEATH B. AFFAYROUX June 6. COLOR OR RACE! 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | lest birthdey) and Male WIDOWED DIVORCED August physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired; Stationary Engineer Hospital Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death .5 affending and Frank J. Affayroux Lydia Murphy Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address the oval, (Yes, no, or unkown) | (If yes give we ror detes of service) Clinical Records, VAH, Baltimore 18, Maryland Fort Howard Division 914 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), P PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA signed IMMEDIATE CAUSE (e) **Surial-transit** DUE TO aftending CARCINOMA. PANCREAS WITH CARCINOMATOSIS Conditions, if any, which gave rise to immediate cause (a), stating the underlying has DUODENAL ULCER cause last. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. hospital Sig use Prior 20e. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) the After þ 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work at work DIRECTOR: 21. I certify that # (this hospital) attended the deceased from...April...28..8:1261 to.June...12......, 1961, that #) (we) last Pe should saw the deceased alive on June 12 22a. SIGNATURE STAFF ATTENDING DIRECTOR PHYS. PHYS. 3 ONERAL 22d. ADDRESS 22c. PHYSTCIAN'S NAME (TYPE VAH. BALTIMORE 18, MD., FT. HOWARD director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, REMOVAL (Specify) Baltimore Baltimore National Cemeterly Buria. OL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE anthur & Krous

Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto. 14

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO 3

19 61

IF UNDER 24 HRS.

12

U. S. A.

12. CITIZEN OF WHAT COUNTRY?

RECENT

UNKNOWN

UNKNOWN

(County)

WAS AUTOPSY

PERFORMED?

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(Stete)

SIGNED

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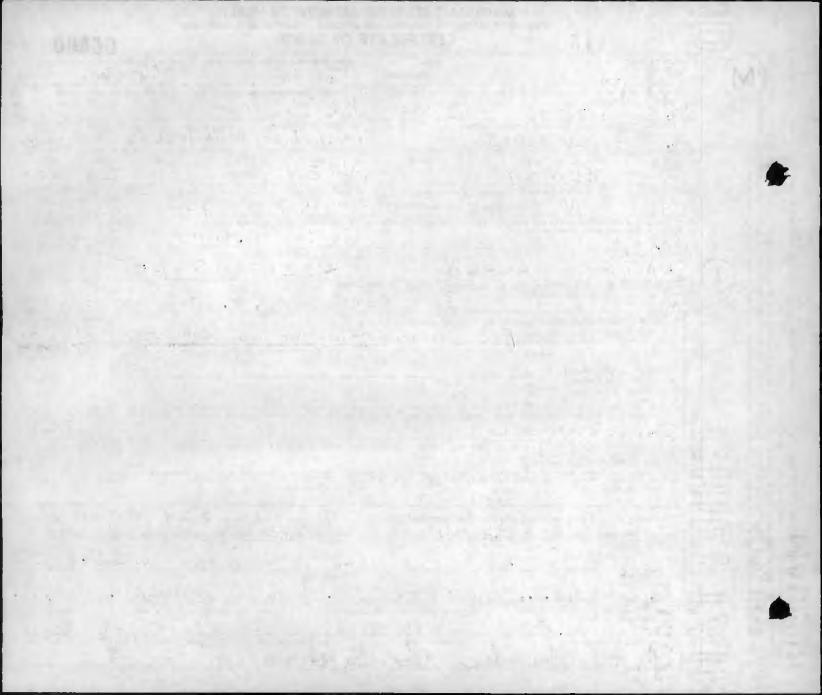
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MARYLAND STATE DEPARTMENT OF HEALTH

	0416	CERTIFICAL RESEARCH A	TE OF DEATH	MORE 1, MARYLAN	ND .	06800
ì.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who so. STATE	ere deceased lived. If b. Co	institution: Residence	before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street	c. LENGTH OF STAY IN 16	d. STREET ADDRESS	utside corparote limits,	write RURAL and giv	e nearest town)
	or Institution Mt. Wilson State Hospital		4021 Plye	rs Mill 1	Road	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) HEN Risty	Middle	ALLEN	4. DATE OF DEATH	Month 5	24 1961
	M widowi		3. 11. 1917	9. AGE (In lost birt	(hdoy) Months D	ays Hours Min.
	a. USUAL OCCUPATION (Give kind of wark done doing nost of working life, even if retired)	KIND OF BUSINESS OR INDU	South C	or foreign country)	4	S A
13.	SUMTER ALL	EN	14. MOTHER'S MAIDEN N	E 15	AAC	Mill o
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) (If yes, give wor or dates of service)	121	nformant Ospital Record	s, Mt. Wil	son State	Hospital
	PART I. DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stoting the under-lying cause lost.	ne for (a), (b), and (c).]	ed pulmos	rang tub	erailosis	INTERVAL BETWEEN ONSET AND DEATH
TIFICATION		CRIBE HOW INJURY OCCURRE				19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Not while fo	ACE OF INJURY (Home, form citory, street, office bldg., etc.		(Co	unty) (Slate)
Ú	21. I certify that (I) (this haspital) attends aw the deceased alive an 6 220. SIGNATURE		12.			, that (I) (we) last date stated abave.
	22c. PHYSICIAN'S NAME (Type)	perintendent	22d. ADDRESS	RECTOR STAFF		4. 196 SIGNED Wilson, Mo
	BURIAL, CREMATION, 236, DATE THEREOF LINE BURIAL (Specify) 6-28-61	ASH MeM	OF /	Sandy	Sprin	4 Md
24	FUNDRALDIRECTOR'S SIGNATURE	ADDRESS Rock	111 141	N 3 0 '61	b. REGISTRAR'S SIGN	

TO FL VR A15 (4) 15M 9/59



V 1	30		MARYLAND STATE-DEPARTMENT OF HEALTH—BALTIMORE, 18
SOD SI	FATE		6417 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR ST		-	Reg. Dist. No. 0 5401
Poge files.	M		PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (We're deceased lived. If institution: Reddince beign-divinishing) O. STAYE D. COUNTY D. COUNTY
ctor ctor our of	(IVI)	1	c. CITY OR TOWN (If auts the second limits, write RURAL and give nearest town)
is necestal direction of the year of year of the year of the year of year of year of year of year of y	X		H. NAME OF HOSPITAL OR INSTITUTION (If north pospital give street address) J. ADDRESS ON A FARM? YES NO
delay uner Sine State r death			NAME OF DECEASED WILLIAM PHILLIP AMERICAN 4. DATE Month Poy Year 1961
M any 3 to 4 with 16 with 16 urs after		5, 5	
death, 2, and age 5 and 2 and 2		10a	. USUAL OCCUPATION (Give kind altwork dane 10b. KIND OF BUSINESS OR ISDNISTRY 11. BIRTHPLACE (State or foreign captury) 12. CITIZEN OF WHAT COUNTRY?
oges 1, PM3, P loges 1 st within	T	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME Scieles
Give P Give P File p	4	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, Address
ihin Singit.			6 4 7
Item along all per sit per 1, and			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
office al-tran			Conditions, if ony, which (b)
in pould be miner's of r			gave rise to immediate cause (a), stating the underlying cause last. (c)
ending ending al Exan rsed as		ATTON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
is certificated "p Medically be a miol, ca	0	CERTIFIC	206. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of Hem 18.) CAUSE OF DEATH.
NER: The yallow of the yallow of the Chief		MEDICAL	20c. TIME OF INJURY Manth, Day. Year Haur a. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or town) (County) (Stote)
Pag Print	1		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection , Inquiry , and in my
core, orded	-		opinion death esulted from: Natural cause: N. Accident . Suicide . Homicide . Undetermined monner
MEDIC certifi e forw DIRE			ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
NERAL S design		22.	EXAMINER'S PRANK 1. KOS/K DEPUTY MEDICAL EXAMINER OF
OF FU	0	1	SURIAL 6-8-61 Holy Gedeemer Balto. Md.
VS. A15ME 5M 2/S7	of.	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 418 Gastern Blod. DATE JUN 7 '61 Circlus & Kraus
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THE REPORT OF THE PARTY OF THE - 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY Baltimere	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE b. COUNTY Anne Arundel			
RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporote limits, w	rite RURAL and give nearest town)	
Catensville	f.1		tyn rark	07%	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION. Forest Heyen Aursing Her		d. STREET ADDRESS	2nd Ave.	e. IS RESIDENCE ON A FARM? YES NO (5)	
3. NAME OF Pirst DECEASED	Middle	last	4. DATE	Month Day Year	
(Type or print) Jesaph	Arkuszewski		DEATH June		
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		Sept. 29, 18	9. AGE (In y last birthd	years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. K				12. CITIZEN OF WHAT COUNTRY?	
during most of warking life, even if retired)	aboard Asphaul			U. S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
John Arkuszewski		Resalia	Gelembiewski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. So	OCIAL SECURITY NO. 17. IN	FORMANT		Address	
	3-05-4036 Mrs	. Catherine	Arkuszewski	Same	
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED Nat while of twork	CE OF INJURY (Hame, fa	n Part I ar Port II of item II	PERFORMED? YES NO	
saw the deceased alive an 2 1 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) John H. Shaw	Land that d	A.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR DAYS.	June 26, 1961	
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL June 28. 1961	23c. NAME OF CEMETERY OF		23d. LOCATION (City, In	4 4 4	
Burial June 28, 1961	Hely Cress Ce		CD BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE	
				Tana	
George J. Gence			· · · · · · · · · · · · · · · · · · ·		

the attending physician and campletely the in by the funeral director. Then please remave carbon papers. Pages I and 2 should be filed with D FULLERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages the State Board of Health prior to buriol, cremation, ar remaval, and in any event, within 72 hours after depth TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within etained by the hospital ar attending physician. TO FL VR A15 (4) 1SM 9/59

hours after death. Page 4

Tale / Sub- Sub- Suband intent a value of 57 - 1215 42 1715 and 1714 the free-by district the district the state The second line is the second Description of the second of t . The American Committee of the Committee Later to the state of the state

DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND should FILM GEYU PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution, Residence before edmission) n. COUNTY a. STATE b. COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN [f outside corporete lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) Fort Howard (12) 9 Days Baltimore d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital 1120 Arran Road NAME OF M'ddle Last 4. DATE Month Yeer DECEASED OF (Type or print) Pa DEATH 19 61 HOMER June ARNREICH pon 19. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED X lest birthdey) Car Male White WIDOWED DIVORCED October ever ove 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11 B RTHPLACE Lounty & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? do ng most of working life, even if ret red) Salesman Grocery Store Baltimore, Maryland U. S. A. phy 13. FATELICS NAME 14. MOTHER'S MAIDEN NAME Ferdinand M. Arnreich Charlotte A. Johnston ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unxown) | (Ifyes give wer or detes of serv.ce) Clinical Records, VAH, Baltimore 18, Maryland Yes 1219-10**-**0752 Fort Howard Division INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c), (ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RECENT BRONCHOPNEUMONIA, TERMINAL IMMEDIATE CAUSE (e) signed **DUE TO** BLEEDING PEPTIC ULCER, DUODENUM UNKNOWN geve rise to immediate cause (e), stating the underlying PORTAL CIRRHOSIS OF LIVER UNKNOWN 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11611 19. WAS AUTOPSY PERFORMED? NO [ARTERIOSCLEROTIC HEART DISEASE Duration unknown 20b. DESCRIBE HOW INJURY OCCURED For neture of injury in Pert Lor Pert II of Item 18.) 206. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH for detached 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Steta) Month, Dev. Year factory, street, office bldg., etc.) While Not While Hour e.m. el work et work D m 19.61 to June 26 , 19.61, that (\$ (we) last 21. I certify that (IX (this hospital) attended the deceased from. June 17 1961 saw the deceased alive on June ., and that death occured at A.....M, from the causes and on the date stated above. 22b, DATE 22e. SIGNATURE SIGNED ATTENDING STAFF 26/61 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d, ADDRESS NAME (Type) CRAHAN. M.D. VAH. BALTO. 18, MD. . FT. HOWARD DIVISION THOMAS F 236. BURIAL CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) P G June 29.1961 Burial Lorraine Cemetery ${ t Baltimore}$ Mary Land ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Leonard J. Ruck & Son, 5305 Harford Rd., Balto DATE JUN 28'61 arthur & Traces 15M 9/60 14.Md.

ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND RTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR KOWN (If outside easparate limit RURAL and give neorest town) D e IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, gues street address) d. STREET ADDRESS andga OR INSTITUTION YES 📄 NO 🔯 AUERBACH DATE NAME OF DECEASED OF DEATH (Type or print) IF UNDER TYEAR IF UNDER 24 HRS COLOR OF MACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years 5. SEX last birthdoy) Months Days Haurs VINU WIDOWED A DIVORCED 723 yrs paper 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign county) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA ond 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ave car physician гетаче Address 17, INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. B please affendi INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] ONSET AND DEATH PART I DEATH WAS CAUSED BY. DUE TO à Conditions if only, which permi been signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burnal-fransit Б PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CATION PERFORMED? YES NO cremati attending 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJUST OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) certificate 20e. PLACE OF INJURY (Home, farm, 20f (City or lown) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Year foctory, street, office bldg., etc.) a. m. While Nat while at wark at work 21 I certify that (1) (this haspital)_attended the deceased from: detached saw the deceased alive and M, fram the causes and an the date stated above. and that death accurred at TO FONERAL DIRECTOR. 22b DATE 220, SIGNATURE SIGNED ATTENDING: STAFF P DIRECTOR p. M.D PHYS Board 22c PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) page 3 sh the State 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town, or county) 236 BURIAL, CREMATION, 236 DATE THEREOF (State) Jniv Hosp Baltimore, Maryland Anatomy Board of U. Hosp. /61 2So. REC'D BY, REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Sol. Levinson & Bros. Inc. 6010 Reist Rd 1SM 9/59 Continue / January



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on) es. a. COUNTY ny delay is necessary, funeral director. Page a. STATE b. COUNTY Bal timore Baltimore MARYLAND Maryland b. C.TY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) Sparrows Point 19, Md. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ō d. STREET ADDRESS ON A FARM? Bethlehem Steel Hospital YES NO TO Street Potomac 3. NAME OF Middie 4. DATE Year DECEASED (Typa or print) DEATH Joseph 1967 Baker June with aid be execued within 24 hours after death in pencil in Item 18. Give Pages 1, 2, and 3 If Mitter along with form PM3. Page 5 may by Mitter along with form PM3. Page 5 may by birrial-transit permit, File Eages 1 and 2 with worl and in any event within 72 hours aft 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Beth. Steel Pump Operator Cumberland Office along with form PM3. Eurial-transit permit, Fill gage 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Baker Mary Schafer S. WAS DECEASED EYER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service) Johnson Baker, wife. no Hattie above 6 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET, AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) gava risa to immediata ceusa **DUE TO** (a), stating the underlying causa lest. cremation, PART II. OTHER S. GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(a). 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Medical plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Itam 18.) PRIMARY TI or CONTRIBUTING TI CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f., (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year (State) factory, streat, office bldg., atc.) While Not While Hour a.m. el work at work forwarded to the L DIRECTOR: Pa Prior FUNERAL DIRECTOR: Inquiry V 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . and in my opinion Suicide Homicide Undetermined manner death resulted from. Natural dauses, Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR 20 DEPUTY MEDICAL EXAMINER **EXAMINER'S** should NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATA 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Gardens of Faity Baltimore. ₹40 Ö FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE E. Schimunek Funeral Home VS. AISME DATEUN 1 3 '61 arthur S. Kraya

MARYLAND STATE DEPARTMENT OF HEALTH



PASSITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exputed within 24 hours after be page 4 may be retained by the hospital or attending physician.

OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

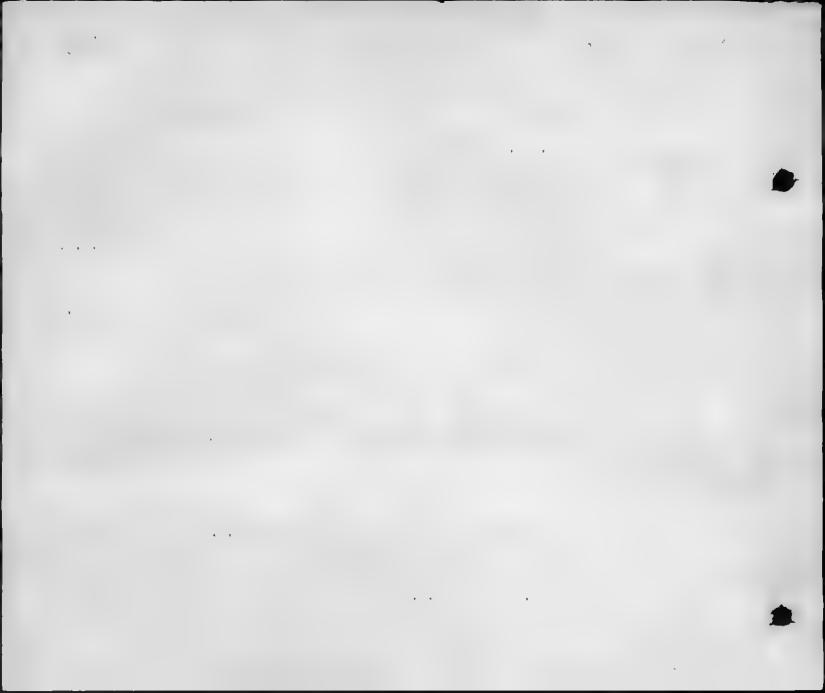
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MARYLAND STATE DEPARTMENT OF HEALTH

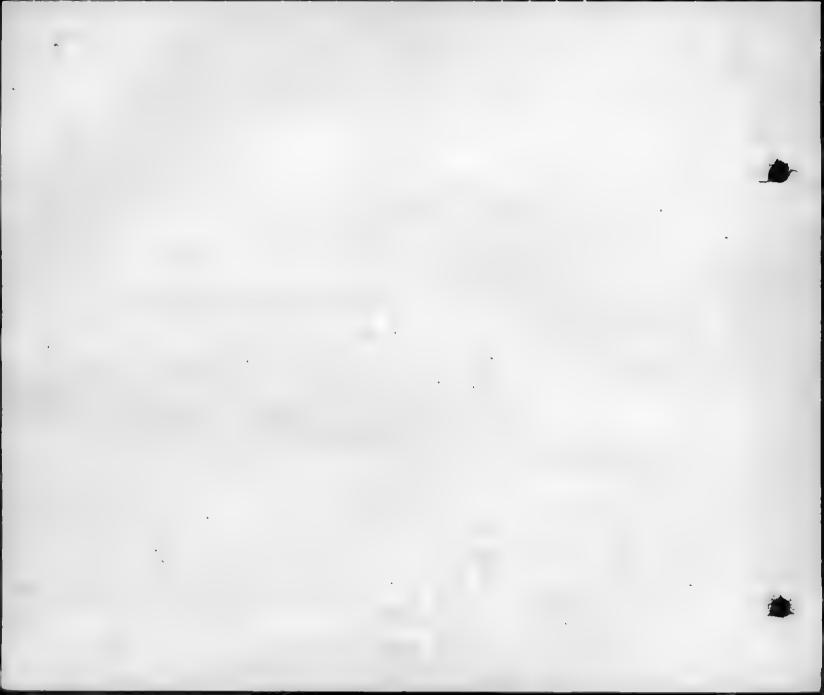
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06406 67.99

I V I								
<u> </u>	A. PLACE OF DEATH			CE (Where decased lived, if instit	ution: Residence before edmission)			
	Baltimore	MARYLAND	. STATE Maryland b. COUNTY					
ľ	b. City OR TOWN (if outside corporate limits,	c. LENGTH OF STAY N 16		If outside corporete limits, write RU	RAL end give nearest town)			
	Write RURAL and give neerest town! Owings Mills	33 yrs.	Balt.	imore City	1			
,	d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRESS	11101 0 0103	e. IS RESIDENCE			
6 47	Rosewood St. Tr.		Unkn	OTATO	YES NO X			
-	3. NAME OF First	Middle	restOTYVII	4. DATE Month	Dey Year			
	DECEASED (Type or print) Votice			OF				
-	Natie	•••	Barlege DATE OF BIRTH	9. AGE (In years IF L	5 19 61 INDER 1 YEAR IF UNDER 24 HRS.			
		THE PER MINISTER		last birthdey) Mo	inths Days Hours Min.			
		DOWED DIVORCED	3/29/1878	83 yrs.				
- 1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11, B RTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Dependent 13. FATHER'S NAME	none	Baltimore 14. MOTHER'S MAIDEN	City, Maryland	U.S.A.			
T	Unknown		Unknown					
زل	15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.		Address				
	(Yes, no, or unkown) (Ifyesgivewarordelesofservi	none	Rosewood	Records, Owings	Malla Ma			
	18. CAUSE OF DEATH (Enter only one cou		TOBEROOL	records, outriga	I INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY	- A - A	· · · · · · · · · · · · · · ·	Les to a staring	ONSET AND DEATH			
	IMMEDIATE CAUSE (e)			due to orteriose	laule s.min -			
	DUE TO	coronary that						
	geve rise to immediate cause	conditions, if any which (b) Arteriosclerotic heart disease						
	(a), stelling the underlying DUE TO							
	cousa last. (c)	IS CONTRIBUTING TO DESTRUCTION	TANIATO TO THE TRAIN	LIAL DIFFACE CONDITION OFFICE	THE PARTY OF THE P			
	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN I	PERFORMED?			
	3 Hypertensive vasco	lar disease wi	th cardiac f	allure (comprense	YES NO			
r I	OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of Item 18.)	•			
	20c. TIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Home, farr		(County) (Stata)			
	Hour a.m.	While Not While tact	ory, sirear, diffice bridg., etc	··/				
	21. I certify that M (this hospital)	attended the deceased from	12-31-	19.2.7to 6-5-	. 19 6 (that Of (we) last			
		/19.61 and that						
	22a. SIGNATURE	and the	Godin Godina Gilla		22b. DATE			
dh.	f. (1	With		MED. STAFF DIRECTOR PHYS.	SIGNED			
4	22c. PHYSICIAN'S	Valley M	22d. ADDRESS					
,	NAME (Type)	Mathews, M.D.	Ro	sewood State Tra	ining School			
	23a. BURIAL, CREMATION, 23b. DATE THEREO			23d. LOCATION (City, town o				
	REMOVAL (Specify) June 12/	61 Roswood		Owings mu	Clo md			
7	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, RE	C'D BY REGISTRAS 256. REGIST	RAR'S SIGNATURE			
1	Felixe. Hours	Kuslestown !	Med DATE 11	IN 1.4 '61 C.T.	of & Kraup			
Α 1			- 4	71.				



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY a. STATE **b** COUNTY MARYLAND eral be f b CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN-IIf outside carporate limits, write RURAL and give nearest town) RURAL and give neorest lown? shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE REISTERSTO WA OR INSTITUTION ON A FARM? YES NO TE С DATE OF DEATH NAME OF Middle Day Year DECEASED (Type or print) 196 IF UNDER 1 YEAR! IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost pirthdoy) Months Days WIDOWED | DIVORCED | payers. à 100 USUÁL OCCUPATION (Give kind af wark done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) and bon 72 h 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME within physicic 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT event, D)- L attending n plepse 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** é Canditians, if any, which gned permil (b) gave rise to immediate DUE TO couse (a), slating the underlying couse last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO P 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) 20e. PLACE OF INJURY (Hame, form, 20f (City or tawn) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While Not while After this at work at work Tune 21 . 1961, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from. I, and that death accurred at TASM, from the causes and an the date stated above saw the deceased alive an DIRECTOR: 22a, SIGNATURE 226 DATE DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) AL 236 BURIAL EREMATION. DATE THEREO LOCATION City, lown, or county! (Stote) SUCYAL (Specify) 0 25b. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR when & Fleen 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY e. STATE **b.** COUNTY Baltimore the day MARYLAND Maryland 0 b, CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à an write RURAL and give neerest town) after 212 Days Finksburg .⊑ "... d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) d. STREET ADDRESS Route #1 Veterans Administration Hospital 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH **JOHN** M. BARNES June within 8 carbon 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 190 DATE OF BIRTH last birthday) and September WIDOWED DIVORCED | Male physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гелтоуе 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore go country) done during most of working life, even if retired) Frederick County, Maryland Construction Stone Mason 13. FATHER'S NAME (Martha)
Bertha Boone please nding Joshua T. Barnes WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 Inical Records, VAH, affer Address Baltimore 18.Md. (Yes, no, or unkown) | (If yes give wer or detes of service) FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),) PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONTA IMMEDIATE CAUSE (a) DUE TO affending METASTATIC CARCINOMATOSIS which peen geve rise to immediate cause DUE TO (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY cortificate BURGICAL ABSENCE, RIGHT KIDNEY (CARCINOMA, RIGHT KIDNEY) use 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of insury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING IT ል OR CONTRIBUTING CAUSE OF DEATH for detached After δ 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While White Hour e.m. at work el work may be refaine DIRECTOR: , to June 28 21. I certify that XII (this hospital) attended the deceased from November 2 190 1961 saw the deceased alive on. June ., and that death occurred at P.....M, from the causes and on the date stated above. 22e. SIGNATURES, ATTENDING PHYS. DIRECTOR PHYS. MD MERAL 22c. PHYSICIAN'S 22d. ADDRESS VAH, BALTO. 18, MD., FORT HOWARD DIVISION CRAHAN. M.D. 23c. NAME OF GEMETERY OF CREMATORY
Calvary Methodist Church 230. BURIAL, CREMATION, | 236. DATE THEREOF 23d. LOCATION (City, lown or county) REMOVAL (Specify) Carroll County, Maryland هٔ څ å Ç Rurial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 [4] Chilmy S. House 161 Waltz Funeral Home, Winfield, Maryland 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Carroll

e. IS RESIDENCE ON A FARM?

YES NO X

61 19

Year

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO ·

(State)

22b. DATE

(State)

678959

RECENT

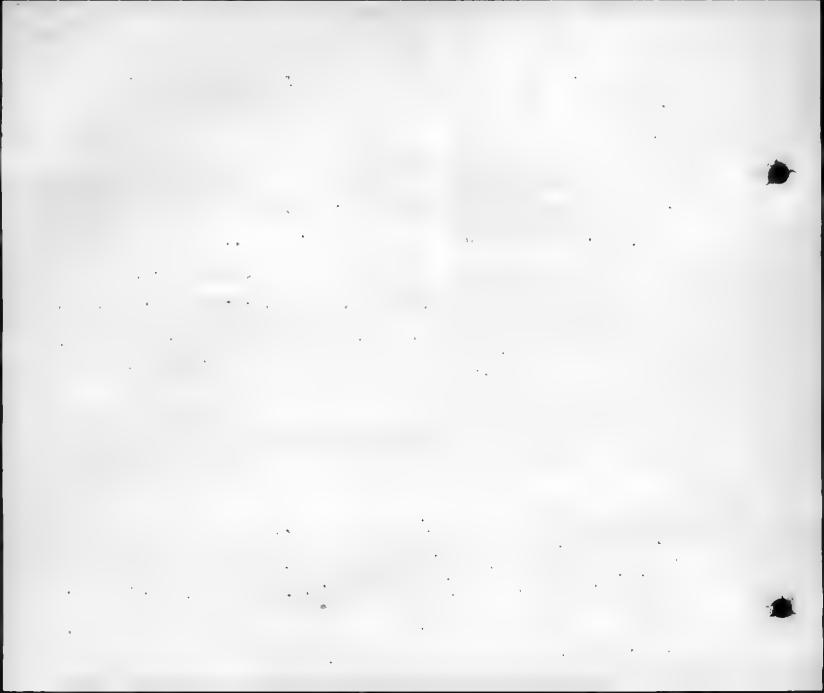
HINKNOWN

YES

1961, that (I) (we) last

(County)





1'		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLÂND
0		CA26 CERTIFICATE OF DEATH	06410
Noor S poor S po		PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lived, if institute as STATE b. COUNTY Delaware C. LENGTH OF STAY IN 1b	nt
s. Pages 1 hours after		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital 36 Mt. Vernon Street	e. IS RESIDENCE ON A FARM? YES NO
Within 72 h		Corporation PAUL SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIESTX B. DATE OF BIRTH Set Se	
any event,	10a do	ale White WIDOWED DIVORCED August 16,1921 39 ya.	CITIZEN OF WHAT COUNTRY?
. <u></u>		erry Begley Birdie Jones	
ation, or removal, a	(Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 CIDNICAL Records VAHospital, Bal son, or unknown) (Hyasquive were or datasofsarvica) 400-14-9752 18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC EMBRYONAL CARCINOMA, WIDESPREAD (PRIMARY SITE: TESTIS)	INTERVAL BETWEEN ONSET AND DEATH
	_	Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	UNKNOWN
	CERTIFICATION	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	YES NO 1
2	MEDICAL CI	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, factory, street, office bidg., atc.) (City or town) factory, street, office bidg., atc.)	County) (Slate)
itate Depi		saw the deceased alive on June 14	19.61, that (X (we) last on the date stated above.
with the S		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X 22c. PHYSICIAN'S NAME (TYPTHOMAS F. CRAHAN, M.D. ATTENDING MED. STAFF PHYS. X 22d. ADDRESS VAH, BALTIMORE 18, MARYLAND	6/15/6
pe iii eq	L	8. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or commoval (Spacify) 6-/6-// Camp Nelson National Nicholasville	ounty) (Stata)
(4) 60 to			1 S. Krus
TO	P	etts & West Funeral Home LOU N. Main St. Nicholasville Kv.	

STEET LE

1 1			MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
4 5 %		-	CERTIFICATE OF DEATH 1WK Reg. Dist. No. 06411
Poge 4 director, filed with	A	1	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY
	IN	Ĵ.	(L) allimore mariani Wary and Dallimore
nerol I be f	(1,	b. CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
ofter de the fune shauld I	,	1	d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE
o > CI	À	L	OR INSTITUTION ON A FARM? YES IN NO BY ON A FARM? YES IN NO BY
hour d in b		3.	NAME OF First Middle Cast 4. DATE Month Day Year
Tille I			(Type or print) Danks He Derry DEATH Unite 20, 1961
letely T		5.	SEX 6. COLOR OR RACE 7 MARRIED DIVORCED B DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Hours Min.
cecuted comple popers.		10c	USUAL OCCUPATION (Give kind of wark dane 10b, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Sigle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
e be execu on and cor corbon pop ofter death		13.	FATHER'S NAME AT PEN / ETT - GONS/TUC/10N / ETT - GCK / B GONS/TUC/10N / ETT - GONS/TUC/10N / ETT - GCK / B GONS/TUC/10
	T	L	Edoar Banks, Margaret Hollicamp.
ng physici e remave 72 hours		15. (Ye	WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT OF PRINCIPLE OF LEGISLATION OF THE PRINCIPLE OF LEGISLATION OF LEG
deoth thendin pleose within 7			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
he d			PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARCINOMA OF BODY OF PANCREAS 6 MO
y the			157X DUE TO
es the			Conditions, if any, which (b)
quir signe f per d in			cause (a), stating the <u>under.</u> DUE TO
w req icion. een si onsit		Z	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19. WAS AUTOPSY
phys phys as b iol-fr		CATION	PERFORMED? YES □ NO ➡
AN: Thending icote he bur	Λ	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or offer certification,		MEDICAL	20c. T!ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while State factory, street, office bldg., etc.) (Caunty) (State)
this or u		W	p.m. 19 at wark at the description of wark at the description of the d
hosp After Ned f			21. I certify that I arrended the deceased from Pr. 19
the the stock			alive an
A AT d by ECTC oe de or to			SIGNATURE M.C. (PUTER FUREL M.D. HAMP STEAD, MC 6-21-6
FAL OR Setained I	á		PHYSICIAN'S M.C. Porterfield, M.D. Hampstead, Md.
reta reta 7AERAL e 3 shouregistror	1	220	BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwn, or county) (State)
may Poge the re		L	BREMOVAL (Specify) 6-23-61 Fosters Cemetery Monkton, Md.
2 2		23.	FUNERAL DIRECTORYS SIGNATURE ADDRESS
VS A15 (4) 15M 9/5B		V.	Lacol Harlenslein, New Foresdom, Fq. DATEUN 26'61 Cillum S. Thomas



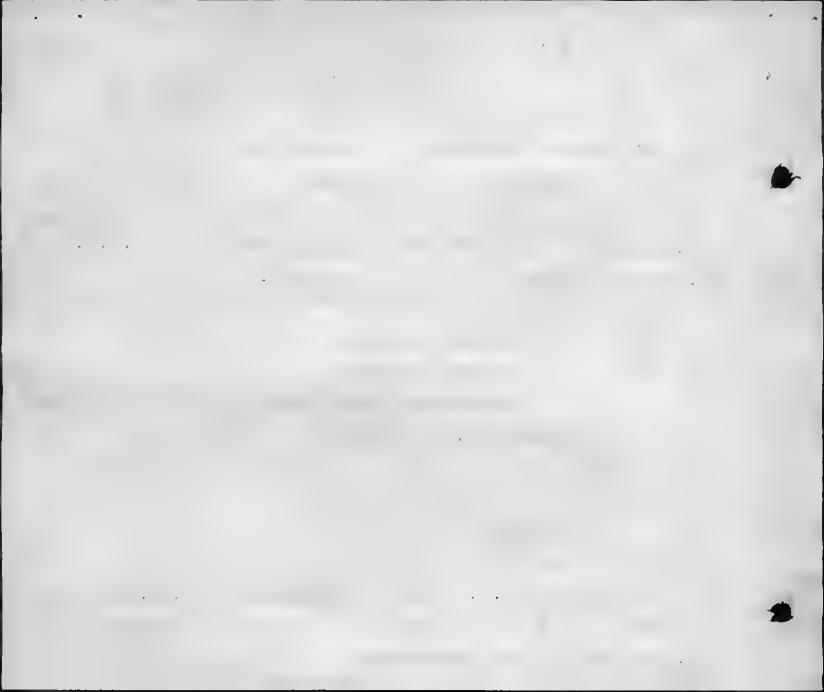
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06412 CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE [Where daceased lived, If institution: Residence before admission] BEA. SLATE						
	V Baltimore MARYLAND	Maryland b. COUNTY						
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give neerest town)						
	Fort Howard 5 Hours	Freedom						
A	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, guva streat address)	d, STREET ADDRESS O. IS RESIDENCE ON A FARM?						
U	Veterans Administration Hospital	Bentley Road YES NO K						
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year						
	(Type or eviet)	IRKMAIER DEATH June 7 1961						
	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Just birthday Months Days Hours Min.						
	Male White WIDOWED K DIVORCED JE	anuary 23, 1900 61 yrs. Months Days Hours Min.						
		Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Night Watchman Country Club	Baltimore, Maryland U. S. A						
	Frederick J. Birkmaier	Mary Hueston						
	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. 19. or unknown. (Evasping war or datas of sarvica)	NFCRMANT Records, VA Hospital, Baltimore 18,Md						
	Yes : WW II 218-09-7261	Fort Howard Division						
	1B. CATT CO DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	MAREDIATE CAUSE (a) MYOCARDIAL INFARCT							
	1 0 3 DUE TO							
	Conditions of any, which) (b) CORONARY THROMBOSI	S 7 DAYS						
	gave rise to immediate cause (a), stating the underlying DUETO							
	cause last. (c) ARTERIOSCIEROTIC H	EART DISEASE UNKNOWN						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BLY NO Pulmonary Edema 1 Day Dur 2Db. ACCIDENT WAS JNDER. YING 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH If Either, NOTHER MEDICAL EXAMINER)							
	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTION CAUSE OF DEATH If EITHER, NOTICY MEDICAL EXAMINER!							
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, ferm, ' 2Df. (City or town) (County) (State)						
	Flour dam.	ory, street, office bidg., atc.)						
	21. certify that (this hospital) attended the deceased from	4:PM 6/7/ 161, to June 7 , 1961, that (0) (we) last						
		death occured at						
	22a. SIGNATURE	22b. DATE						
	Harris Craham M.	D. ATTENDING MED. STAFF PHYS. 6/8/61						
	22c. PHYSICIAN'S	22d. ADDRESS						
	Thomas F. Crahan, M. D.	VAH. Baltitmore 18, Md. Ft. Howard Division						
	238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY							
	REMINISTRATION 6-10-6/ Parkwood Ceme	etery Baltimore, Maryland						
7	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE						
7	Wm. Cook-Blight, Inc., 6009 Harford Rd., Bal	to.Md. DATE JUN 12'61 City & Time						

TO SPITAL OR ATTENDING PHYSICIAN: The terr requires the services the Page 4 may be retained by the hospital or attending physician.

Z TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the faneral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be director, page 3 should be defacted for use as the burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Baltimore a. STATE b. COUNTY 22 MARYLAND Maruland Paltimore. b, CITY OR TOWN (if outside corporete limits, c. EENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURA), and give nearest town) by write RURAL and give negrest town) Baltimore-Catonsville .5~ Catonsville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS Beechwood Pond Peachwoul 3. NAME OF First Last 4. DATE Middle Month DECEASED OF (Type or print) DEATH Martha Bla okman 6. COLOR OR RACE, 7. MARRIED T NEVER MARRIED AGE (In years IF UNDER 1 YEAR , 8. DATE OF BIRTH last birthday) and Months Days Famale WIDOWED I DIVORCED 10a. JSUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician done during most of working life, even if retired) usevifa Retired West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 attending | Then please Charles Darskadon Mary Jane Bahl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) 1- Jundank-22 i.d. no 1. 3. Jean Todd-1 21 18. CAUS: OF DEATH [Enter only one cause per line for (a), (b), and (c),] EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions. any, which (b) gava rise to mmediate cause DUE TO (a), stating the underlying cause last PART I OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a) 19. WAS AUTOPSY USB 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING () 녒 OR CONTRIBUTING CAUSE OF DEATH ed by the After this ealth (IF EITHER, NOTIFY MEDICAL EXAMINER) ched 2Df. (City or fown) 20c. TIME OF INJURY Month, Day, Yasr 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) Not While factory, street, office bldg., etc.) While at work : at work C. m. OR: be de 21. I certify that (1) (this Logarital) attended the deceased from 1953 19 10.6 Manshan 7 196 1, that (1) (we) last DIRECT196. I... and that death occured at \$1.54M, from the causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 7 PHYS. DIRECTOR PHYS. M.D. page with th FRAL 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23a, SURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) å Ğ. 0 Romer al <u> Keyser, Mast Virginia</u> DESTINUE CLUB 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
MOR (7) NA DATE JUN 9 '61 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) commy & Trave

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

Haurs

INTERVAL SETWEEN ONSET AND DEATH

4 year +

PERFORMED? NO DE

(State)

22b. DATE

(State)

SIGNED

IF UNDER 24 HRS.

PHYSICIAN: the hospital or this certificate !

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

19. WAS AUTOPSY PERFORMED? YES NO TO

0 200	CERTIFICA	IE OF DEATH		06414
PLACE OF DEATH a. COUNTY BALTIMORE	MARYLAND	2 USUAL RESIDENCE (Where deceased on STATE Maryland	ived, If institution: b. COUNTY	Residence before admission Prince Georges
b. CITY OR TOWN (If auts.de corporate limits, v RURAL ond give nearest tawn) Catonsville	lmo. 1 wk.	c. CITY OR TOWN (If outside corporo Rural - Route		L and give nearest tawn)
d NAME OF HOSPITAL (If not in hospital, give or Institution Spring Grove State	street address)	d. STREET ADDRESS Clinton	16	e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF First DECEASED (Type or print) James	Middle	BLADEN 4. DATE OF DEATH	Month June	Day Year 1961
	MARRIED NEVER MARRIED IDOWED DIVORCED	August 17, 1878	log birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Haurs Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Retired Janitor	School	ISTRY 11. BIRTHPLACE (State or foreign cou	ntry)	U.S.A.
13. FATHER'S NAME WILLIAM BL	ADEN	14. MOTHER'S MAIDEN NAME UNKNOW	¥	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown, (IF yes, give wor or dates of service)		Records, Spring Grov	Address /e State H	lospital
1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Comments book line	ion		interval between onset and death hours
Canditions, if ony, which gave rise to immediate couse (o), stating the under.	Coronary Arte	riosclerosis		years
Iying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year Hour a.m. While Not while of work

20e. PLACE OF INJURY (Hame, farm | 20f. (City ar town) factory, street, affice bldg . etc.)

(County) (State)

21 I certify that (1) (this haspital) attended the deceased from March 8, 1961, to June 16, 1961, that (1) (we) last sow the deceased alive an Juria 16, 19 61, and that death occurred of 39Phrom the causes and on the date stated above 22a. SIGNATUR

22c PHYSICIAN

M.D. PHYS 22d. ADDRESS

SPRING GROVE STATE

23a BURIAL, CREMATION, 23b. DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY
FT, LINCOLN CEMETERY

230 LOCATION (City, town, or county)
BLADENS BURG

REMOVAL (Spec Ty) June 20,1961 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE ENN 1 9 '61

arthur & Kracke

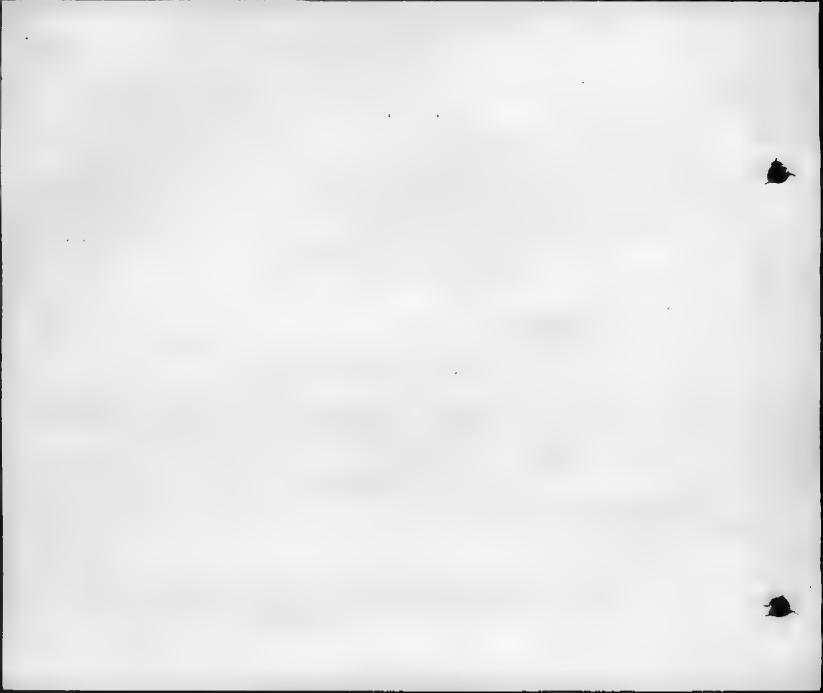
the funeral director, should be filed with e remove carban papers. Page event, within 72 haurs after deat completely f aftending Then please should be detached for use as the burial-transit permit.

Board of Health prior to burial, crematian, ar removal, After this certificate has been signed by the haspital ar attending physician page 3 should be detached far the State Baard of Health prior AL DIRECTOR: TO FU

MEDICAL

nours after #==th. Hage

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

funeral

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physician

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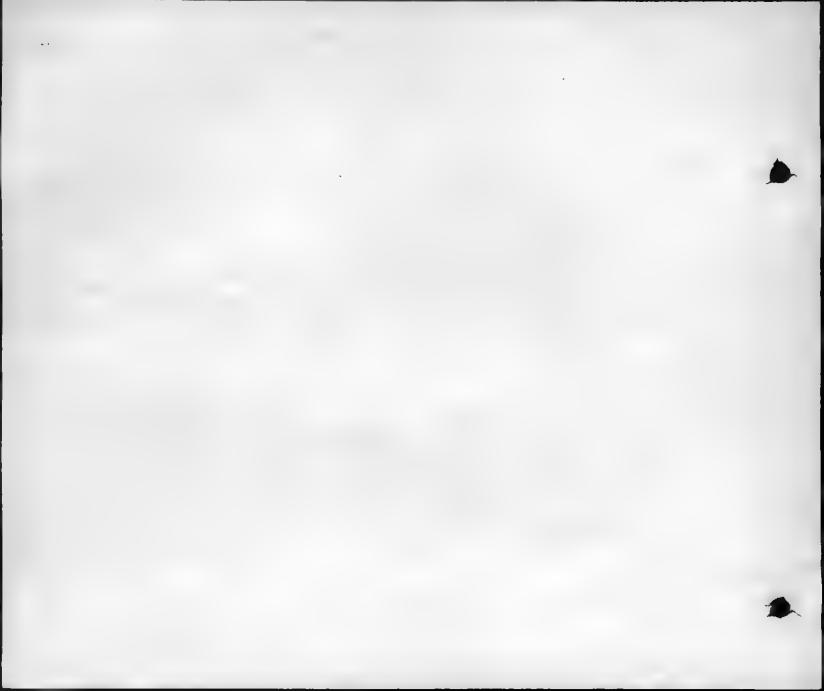
has

certificate

DIRECTOR:

15M 9/5B

Ö



. 1 3			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 32			6432 CERTIFICATE OF DEATH Reg. Dist. No. 06416
r director filed with		1. F	PLACE OF DEATH C. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND BALTO.
after death.		ŧ	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) BALTO. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTO.
10 Kg 19		(d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1448 CLAIR i dge Rd 1448 CLAIR i dge Rd 900 A FARM? YES \(\sum \) NO \(\sum \)
in 24 haur		_ (NAME OF DECEASED Last Last A. DATE Manth Day Year OF DEATH JUNE 16, 1961
pletely rrs. Po)/[5. S	MALE White WIDOWED DIVORCED Sept. 29, 1889 lost birthday) Months Days Hours Min.
executed and cample on papers death.			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) How sew ife
sician a ve carb irs after			RICHARD H. BRADE EMMA V. HARWAY
h certifi ling phy se rema 72 hau			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address. The second process of the security of the second process of the security of the second process of the second
that the deat by the attend iit. Then plea ny event within			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which } (b) Calcium 4, Nr. breath 2/2, The
requires ian. In signed asit perm and in a		_	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (c)
The law physici has bee rrial-trar maval, (CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN: 1 Itending Hificale It the bu			20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
PHYSI		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of work of w
he haspi R: After ached fo burial, a			21. I certify that I attended the deceased from 1916, 1957, to 1961, that I last sow the decease alive on 1961, and that death accurred at 5.5 M, from the causes and on the date stated above.
OR ATT sed by 1 IRECTO d be det oriar ta			ACTUAL Eliot W Johnson M.D. 3432 Deele 4 also 417
retair ALD Should		_	PHYSICIAN'S NAME (Type) BLLA MUL 29- NUL
O HO BOY O F C	1	-	CBURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Sigle) LIVERY CEMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LIVERY CEMATION, ANNAPOLICS ANNAPOLICS
VS A15 (4) 15M 9/55		/3. i	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D 87 REGISTRAR'S SIGNATURE.A DATE 111N 1 9 '61 CITING & KINA
			3513 7 - edinot 18-11 (29)



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director, filed with ely red in by the funeral Poges 1 and 2 should be f pretoined by the hospital ar ottending physician.

2 FL-CAAL DIRECTOR: After this certificate has been signed by the attending physician and completely—a poge 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Poges the State Baard at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

haurs after death. Page 4

									U.U.	and the second
PLACE OF DEATH o. COUNTY Baltimore		MARYLA	- 11	o. STATE	Maryla		lived. If institu b. COUNT	Υ	e before o	,
b, CITY OR TOWN (if outside corporate is	mits, write c.	LENGTH OF STAY IN	1Ь	c. CITY OR TO	DWN (If ou	tside corpore	ate limits, write	RURAL ond gi	ve nearest	town)
RURAL and give negrest town) Catonsville		Ø57 200G		Bereit	Satons	ville				
d. NAME OF HOSPITAL (If not in hospital	give street ndo	87 yrs.		d. STREET AL		> ATTTO			1. 6	S RESIDENCE
OR INSTITUTION						3 70 8	0.14			ON A FARM?
Paradise	Nursin	g Home		ULd Fr	ederic	sk Rd.	& Myer	's Dri	ve Y	ES NO X
3. NAME OF DECEASED	First	Middle		Lost		4. DATE	M	on th	Day	Yeor
(Town as asset)	ARENCE	T.		BLIM		DEATH		June	25.	19 61
5 SEX 6 COLOR OR RAC		NEVER MARRIED	☐ B. C	ATE OF BIRTH	*	9	AGE (In year	IF UNDER		UNDER 24 HRS.
Male White	WIDOWED]	 		iune 9.	1077		lost birthdoy	***********	Days H	ours Min
10d USUAL OCCUPATION (Give kind of wor		Hard .				r fornigo co			ENDEW	HAT COUNTRY?
during most of working life, even if retire	ed)				CE (SIVIE O	i ioreign cor	,,	12 0112	21401 111	I A I COOI VIKIT
Farmer	T:	ruck Farmi			Maryla				U.S.	Α.
13. FATHER'S NAME			1	4 MOTHER'S	MAIDEN NA	ME				
Joseph Blum				(Cather	rine	?			
15 WAS DECEASED EVER IN U. S ARMED FO		CIAL SECURITY NO.	17, INFO1	RMANT	•		Ad	Idress Cato	onsvi	lle, Mo
(Yes, no or unknown) (If yes, give war or dates o	f service)	None	Mrs	John (1 Cor	ica Sr		sborne		
			THUS	001111	7	ice of	. 203 0	PROTILE		AL BETWEEN
18. CAUSE OF DEATH Enter only one		or (o), (b), one (c).	+.	NICK	wh.	e 10	(0.00.0	LoVa		AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE	; (o)	MC	1/2	4 (1	10/11	-	479851	112		
DUE 1	ro	1%.	. 4	- / /	./.	100				
Conditions, if any, which	(b)	MEd	27	/ d	,'/ u	re	12		}	
gove rise to immediate DUE1		Do	c 0	14	1/0	Had	v+1)	read of		
couse (o), storing the <u>under-</u> (12m	erati	V2	1120	' (V	15015	7	
	(c)	TO DE LITERATE	BUT NO	RELATED TO	THE TENTIN	te de la ca	GOMBINON C	INI PADT	1/01 10 1	WAS AUTOPSY
Part II. OTHER SIGNIFICANT CO	1401-10143 <u>COL</u>	The souling to get All	-12-10	Y. Guino A.	THE 19 MAIN	TON	13 E/A			EKLOKWEDI
<u>5</u>		6		2/5/	dA	1	1175	do	YI	es 📋 no 🛂
20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	20b. DESCRI	BE HOW INJUNEY OC	MYRKO."(E	mar hoter of	injury in T	in For Part	ll of item 184)	(1.5104	15	
20c. TIME OF INJURY Month, Doy, N Hour o. m.	eor 20d. INJU	RY OCCURRED 20	De. PLACE	OF INJURY (H	ome, form,	20f. (City	or town)	(C	punty)	(Stote)
Hour o.m.	While of work	Not while	tactory	, street, office	bldg., elc.)	G	. /	-/		
₹ p m. ''	OI WOIK L	J OI WOLK		MAL	-/	16	Colo	24/6	-/	
21 I certify that (I) (this haspit	al) atjendes	the deceased fr	am	11/01	19/_	/.ta	/	~~ y	1. that	(1) (www.) last
saw the deceased alive an	10/24	/ (8. L. , and t)	hat deat	th accurred	300	M _e fram t	he causes o	and an the	date st	ated abave,
220 SIGNATURE	101				~/					226 DATE
1122	1 //	2	M.D	ATTENDING	MEI	ECTOR []	STAFF PHYS		6	1979
22c. PHYSICIAN'S	/			22d. ADDRE					-	9-11-0
NAME (Type) W. F. McC	rath M.	ת		1303 1	Treder	rick B	d. Cato	nevill.	2 _/2	8. Ma.
23a. BURIAL, CREMATION, 23b DATE THER REMOVAL (Specify)	EOF 2	3c. NAME OF CEMET	ERY OR CI	REMATORY		23d LOCATI	ON (City, fown	, or county)		(Stote)
REMOVAL (Specify) 6/28/19	961	St. John	's Ce	metery		E1	licott	City. 1	id.	
24 FUNERAL DIRECTOR'S SIGNATURE	0 -1	ADDRESS				BY REGISTR		SISTRAR'S SIG	NATURE	
Easton Humera	LHon	el Catons	ville	, Md.	DATE JU	N 2 8 '6	51 (" Ima S.	trans	

TO FI VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY H Bal timore Md. 12 MARYLAND Baltimore and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) ģ write RURAL and give naerast town) ed in bages 1 Baltimore W Owings Mills Pages Filled d. NAME OF HOSPITAL ORANSPITUTION (IF potting hospital, wive since address) STREET ADDRESS a. IS RESIDENCE ON A FARM? Nook Nursing YES NO Lastgate Rd 3. NAME OF DATE Middle Month Day DECEASED OF (Type or print) DEATH Elizabeth Brol 1941 00 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) and Months Hours Davs WIDOWED -DIVORCED Female Whi te even July physician 10a. USUAL OCCUPATION (Give kind of work remove 106. KIND OF BUSINESS OR INDUSTRY EIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working I Ia, aven if retired) housewife U. Bal timore S. A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Joseph Brooks Elizabeth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address {Yas, no, or unkown} | (If yas give war or datas of sarvice Lastgate Ad. the Mr. W. T. Brooks. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 0 5 DUE TO is 5 clemonis He (b) gave rise to immadiate causa DUE TO (a), stelling the underlying causa last 9 PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 CERT.FICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Itam 18.) id 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH ĮQ. (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. (State) 20c. TIME OF INJURY Month, Day, Year 20f. [City or town] (County) fectory, streat, offica bldg., atc.) While Not While Hour s.m. at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from attack to MAA 13 , 196 , that (1) (we) last saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county [Slete] 23e. BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) A die Loudon Park Bal timore 25a, REC'D BY REGISTRAR, 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATEUN 1 6 '61 Cillar & K

ARYLAND STATE DEPARTMENT OF HEALTH



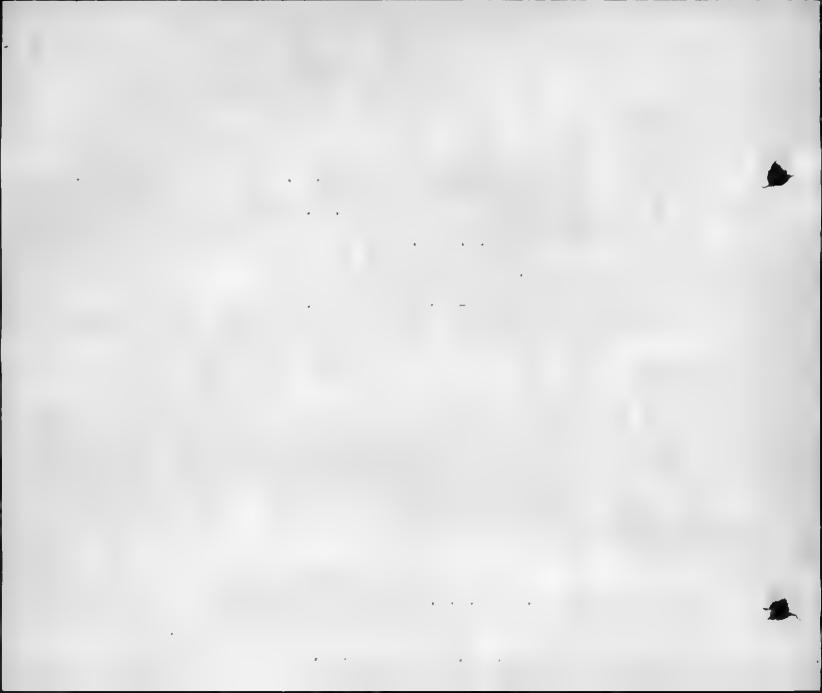
VS. A15ME(5) 5M 9/55

	MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BALTIMO	RE,
67.25	MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEAT	H

Reg. Dist. No 06419

18

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Dundalk (22)	Dundalk (22)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
2908 Yorkway	2908 Yorkway YES NO
3. NAME OF First Middle DECEASED	4. DATE Month Day Year
(Type or print) LeRoy Wellington	Brown, Sr. DEATH June 29th, 1961
	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS
male white WIDOWED DIVORCED	Jan. 22.1913 48 m.
10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working tite, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
Pipefitter U.S.Govt.	Pennsylvania USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick J.Brown	Superior Keffer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (You no, or unknown) (If you give wor or dates of service)	44 -
yes WWII 219-01-2868	Emma G.Brown same as #2
18. CAUSE OF DEATH [Enter only one cause per lipe for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	WELLUSION -
4)./ DUE TO	
Conditions, if any, which) (b)	DI Slave
gove rise to immediate cause (i.e., stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	YES NO I
CAUSE OF DEATH.	inter nature of injury in Port I or Port II of item 18.)
	CE OF INJURY (Home, form, 20f. (City or lown) (County) (Slote)
Hour o.m. While Not while tool	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy . Inspection [4] Inquiry [7] and find the
death resulted from: Natural causes [7], Accident [7], Sui	
ACTUAL MAS Darry	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSISTANT MEDICAL EXAMINER 6/30/6:
NAME (Type) Melvin B. Devis M. D.	DEPUTY MEDICAL EXAMINER
220 BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR	CREMATORY 22d, LOCATION (City, town, or county) (Stote)
Burial (Specify) 7/3/61 Baltimore	National Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
alter Brooks Bradley, Inc., Dundalk	22, Md patell 6 '61 Out 9 K



may be retained by the hospitol or ottending physician. The RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely be in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or remaval, and in any event within 72 hours after death. 24 hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

10 11

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6438

CERTIFICATE OF DEATH

 Pen	Dist	No	0	C	Z.	n	0
 Kag.	DIST.	IAO.	U.	D.	4	1	ij.

1.	PLACE OF DEATH 6. COUNTY	Daltimore		MARYL	AND	2 USUAL RESI	pland	re deceased	lived If instituti b, COUNTY		before odmir timone	sion)
	b CITY OR TOWN RURAL and give	(If outside corporate I nearest town) 2 UONSVILLO	imits, write	c. LENGTH OF STAY I	N 1b	H .	TOWN (IF au	-	ate limits, write R	URAL and giv	e nearest tow	n)
	OR INSTITUTION	PITAL (If not in hospita on Ridge M		· ·		d. STREET A	olla A	ve			ON.	SIDENCE A FARM?
1	NAME OF DECEASED (Type or print)	Mabel	First	Middle]	Butler	st	4. DATE OF DEATH	June 1		Day	Yeor 1961
5.	fen le	6. COLOR OR RAC	7 MARR WIDOWE	DIVORCED	ן טי	10/2/13	н 83		9. AGE (In years lost birthday) yrs.		YEAR IF UND	
100	during most of w 110036V1	orking life, even if reti	rk done 10b. red)	at Home	INDU		IACE (State of	r foreign co	uniry)	12 CITIZ	EN OF WHA	T COUNTRY?
13	FATHER'S NAME					14 MOTHER'S	MAIDEN NA	ME				
	Romo.	Lus Snyder				Emm	a Green					
	WAS DECEASED E	VER IN U. S. ARMED F		SOCIAL SECURITY NO		NFORMANT			75 Oell Add			
	no			none	15	rs Lillia	an Mil	ler	Oella	1 , 11d.	•	
CERTIFICATION	20a. ACCIDENT V	immediate g the <u>under:</u> DUE THER SIGNIFICANT CO VAS UNDERLYING G CAUSE OF DEAT	(b) AR TO (c) ONDITIONS C	ONTRIBUTING TO DEA	тн вит	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	Σ	PERF	AUTOPSY DRMED?
MEDICAL CE	20c. TIME OF INJU	1	Year 20d IN While	USURY OCCURRED Not while of work	20e. Pl. for	ACE OF INJURY (clory, street, office	Home, form, e bldg., etc.)	20f. (City	or lown)	(Cou	unty)	(Slate)
	21. I certify alive an	that I attended the Coton Ton	ne decease	not from and that of the common and that of the common and that of the common and	death	M.D. 40	1125 A . Gol	M, fram DÖRESS (Sir	ty, Ity	ind on the stote)	date star	ed above. ATE SIGNED 5,196
	FUNERAL DIRECTO F.C.HIJI	08'S SIGNATURE		ADDRESS at City, 11d.		rtional	240. REC'D		AR 24b. REGIS	TRAR'S SIGN		



M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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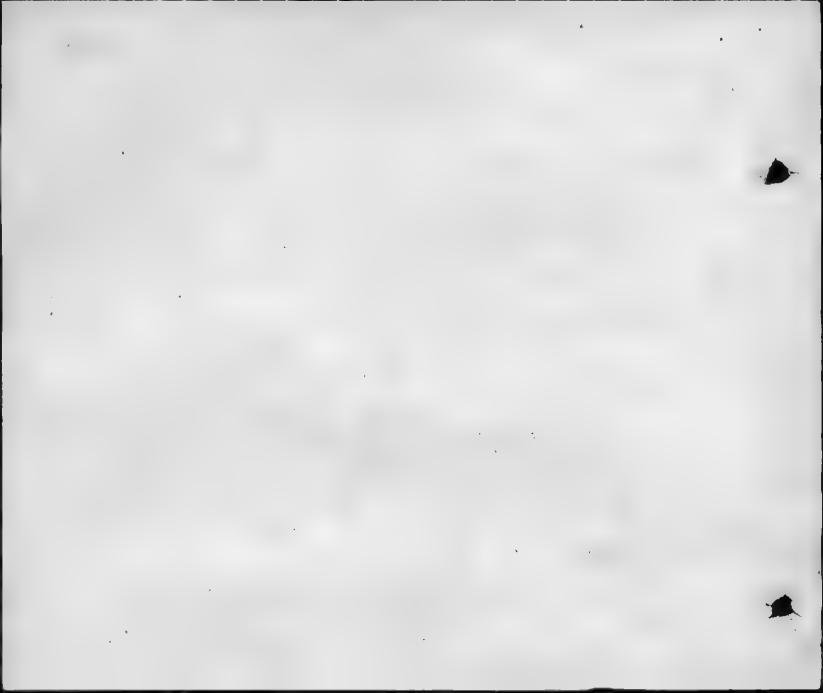
_				•		
,	1. PLACE OF DEATH Jal 40.	MARYLAND	2. USUAL RESIDENCE (Who a. STATE		If institution Residence COUNTY	beface admission)
	b CITY OR TOWN (If autside corporate limits, write c LENGTH BURAL and give nearest them)	H OF STAY IN 16	c. CIPTOR TOWN (160	nutside carporate lin	nits, write RURAL and gi	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION THANKS MANAGE MURSUNG	Home	d. STREET ADDRESS	rount	twood C	e IS RESIDENCE ON A FARM? YES NO
,	3 NAME OF DECEASED (Type or print)	Middle	llakan	4. DATE OF DEATH	Manth Neme 13/	Doy Year
	5 SEX 6. COLOR OR RADE 7. MARRIED NET	DIVORCED B	LOC, 11, 18		A Albert 1	YEAR IF UNDER 24 HRS Days Haurs Min.
	100 USUAL OCCUPATION (G.ve kind of wark dane 10b KIND OF B dyring most of warking life, even if retired)	IUSINESS OR INDUS	1/4	ar fareign country)	12 CITIZ	EN OF WHAT COUNTRY?
ĺ	13. FATHER'S NAME		14. MOTHER'S MAIDEN'N	AME		-71
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	CURITY NO. 17 IN	FORMANT, Calle	ahan, L	Address 149 Mar	intwood.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (l) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3 3 4 DUE TO	b), and (c)]	selenot	i Pe	elon	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO (c)	culu	- Deser			
	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	Derub	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	/ INJURY OCCURRED). (Enter pature of injury in F	Part I or Part II of i	tem 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Nat wat p. m. 19 at wark of two	whilefact	CE OF INJURY (Hame, form tary, street, affice bldg., etc.		(C	aunity) (State)
	21. I certify that (I) (this haspital) attended the disaw the deceased alive an Time 13 19	lar (eath accurred of	() . //	* *	L, that (I) (we) last date stated above.
	220 SIGNATURE IL Plant Byen	247	A D. ATTENDING ME	D. STA	FF S.	225 DATE SIGNED
	122c PHYS CIAN'S NAME (Type) M Fuul 13	yorly	22d ADDRESS	3 W H	yThe M	Ball
	BREMOVAL (SDEFFY) 236. DATE THEREOF 23-DIAN BREMOVAL (SDEFFY)	Lar Acc	CREMATORY	23d, LOCATION 10	ty, jown, or county) Leo. Co.	mistates
	24, FUNERAV DIRECTOR'S SIGNATURE ADDRESSED TO STATE	ress au	11	BY REGISTRAR	25b. REGISTRAR'S SIG	

VR A15 (4) 1SM 9/59



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY B. COUNTY 1 1 2 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate fimits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 Catonsville 2 afte Pages filled i d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? Frederick and Hillside Rd. YES NO 3. NAME OF DATE DECEASED OF June 19 6I DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS last birthdey) Months Hours male white WIDOWED [DIVORCED in please removand and in 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or lore, gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) nachnnist electral Fenna. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME attending parts and Then please James Campbell Elizabeth Digney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) | (If yesg've werordetes of service) ars William Cambell Catonsville. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve risa to immadiate ceusa DUE TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGS RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. TESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Pert I or Pert II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stete) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) Not While While Hour a.m. al work | et work 21. I certify that (I) (this hospital) attended the deceased from...... , and that death occured at MAM, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a, SIGNAZURE ATTENDING SIGNED STAFF PHYS. M.D. 22d, ADDA 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATOR 23e. BURIAL, CREMATION | 23b. DATE THEREOF REMOVAL (Specify) OF Baltimore. curia Hew Cathedral 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATEJUN 9 Larvland Cirching S. Huma

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USURL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY **b.** COUNTY e. STATE Baltimore **Extraction** 9 04 MERVIZED Haryland by the b. CITY OR TOWN (f outs de corporete fimits, c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) E LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore after Baltimore .5 7 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d, STREET ADDRESS Riddeway Manor-5743 Edmondson Avenue 51.6 Frederick Road 3. NAME OF 4. DATE OF (Type or print) DEATH Grace Serio Casci o rbon pi June I. 6 COLOR OR RACE 17. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH last birthday) Famale WIDOWED TO DIVORCED IDe. USUAL OCCUPATION (Give kind of work OVe 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Italy Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Serio Concetta Giglio 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 117. INFORMANT Address (Yes, na, or unkown) [(If yes give wer or deles of service) Mr. Vincent Cascio-6123 Northdale R.ad 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c). CEREBRAL PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (P) gave rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTIFELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY 200 MACIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pent I of tem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED , 2De, PLACE OF INJURY (Home, farm,) 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year _Not While factory, street, office bldg., etc.) While Hour a.m. et work et work (this hespital) attended the deceased from 3-3-saw the deceased alive on ATTENDING DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Schaefer Random Road 23e. BURIAL, CREMATION, 23b. DATE THEREOF

physician please physic een sig≡ed al-transit pe e t may be retaine DIRECTOR: 0

filled

ě

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Burta!

23c. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery 23d. LOCATION (City, town or county) sa timora.

25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

DATE UN 2

Chiling & Three

(County)

e. ISARESIDENCE ON A FARM?

YES NO V

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO 🔀

22b. DATE

Italy

IF UNDER 24 HRS.



6440 TO TRAL DIRECTOR: After this certificate has been signed by the attending physician and computely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the State Dept. of Health prior to burial, cremation, or removal, and in any eyems, within 72 hours after death and within 24 hours after IIAL OR AITENDING PHYSICIAN: The law requires that the death certificate be exer

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06424

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decreased lived, If Institution, Residence before admission)
Baltimore Maryland	6. STATE Maryland Baltimore
b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate i mits, write RURAL and give nearest town)
Towson	Towson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
104 E. Susquehanna Avenue	104 E. Susquehanna Avenue
3. NAME OF ETHEL ELIZABETH Middle	tast 4. DATE Month Day Yasr
(Typa or print)	DEATH June 26, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min
Female White WIDOWED DIVORCED []	Nov. 21, 1911 49 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it refired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Cleyton Lawson	Bessie Gouldman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
No (Ifyesgivewarordelasofsarvice) 212-10-3351	Family Records
18. CAUSE OF DEATH [Enter only one causa per lina for ,a), (b), and (c),	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - CE LEGISLE &	aufwith retartant onset and death
DUE TO	The state of the s
Conditions, if any, which	
gava rise to immediate cause	
(a), staring the underlying	
	OT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART ((a) 19. WAS AUTOPSY
2502C	PERFORMED?
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part I or Part II of fram 18.)
OR CONTRIBUTING CAUSE OF DEATH IN THE STATE OF THE STATE	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year Pour a.m. 20d. INJURY OCCURRED 206. PL/ While Not While fac at work at work at work	tory, streat, offica bldg., a*c.)
	Just 1960 to State 26, 1961, that (1) (Ne) last
	t death occured at/
22a. SIGNATURE	22b. DATE
L. 220, Mari Jamii ch. N	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
L. Myrton Gaines, Jr.	714 York Road, Towson, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial June 28, 1961 Dulancy Vall	ley Gardens Timonium, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
John Burnst Sons, Towson, Maryland	DATE 3: '61
	DATE 3. 67 Contract

S P B VR A15 (4) 15M 9/60 0

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If, r. . .

20 € 451

18 11

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2.

dear Page 4 may be retained by the hospital or attending physician.

TO SYNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then perme remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

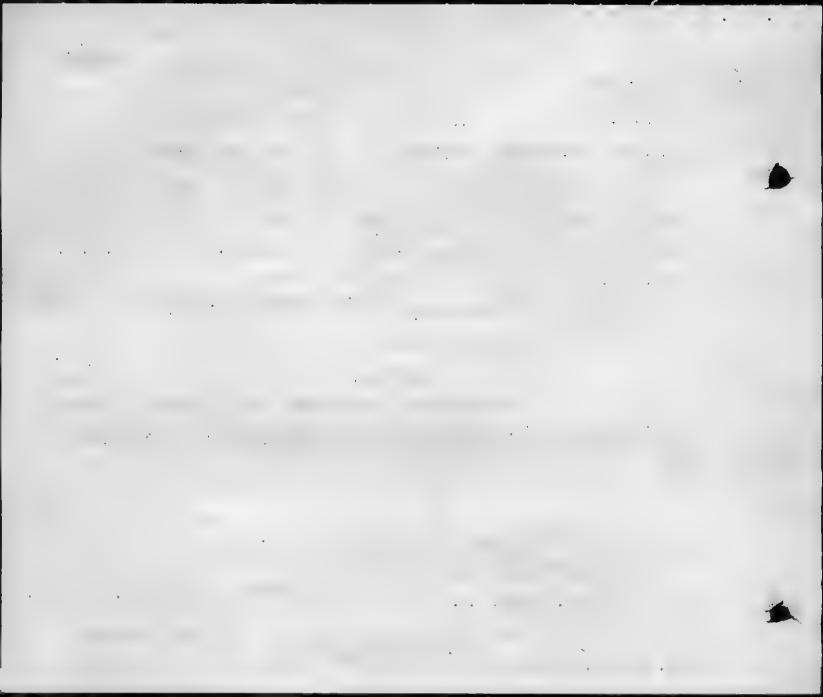
MARYLAND STATE DEPARTMENT OF HEALTH

MAKTLAND STATE DEPARTMENT OF HEALTH

EIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

I. PLACE OF DEATH *. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence decides admission)
Baltimore MARYLAND	a. STATE 6. COUNTY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
Fort Howard 33 Days	Baltimore (23)
d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospite), give street eddress)	d STREET ADDRESS a. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	204 North Amity Street
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Dey Yeer
(Type or print) WALTER	CHASE DEATH June 20 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours I Min
Male Negro WIDOWED DIVORCED J	uly 19, 1890 70 yrs. Months Deys Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working I.fa, even if retired)	11. BIRTHPLACE (County & State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
Pipe Fitter	Anne Arundel Co., Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Chase	Mary Galloway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. 17	NFORMANT Address
Yes WW I 212-05-3245	inical Records, VAH, Baltimore 18 Maryland Fort Howard Division
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) BRONCHOPNEUMONTA	ONSET AND DEATH 6 Days
DUE TO PERITONITIS	
10.1	11 Days
Conditions, if eny, which gave rise to immediate couse	ON 11 Days
(a), stating the underlying	ART DISEASE WITH FIBRILIATION Unknown
Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NO	ARL DISEASE WITH FIBRILIATION UNKNOWN T RELATED TO THE TERM, NAL D SEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
3 impoid Diverticulosis Operations: 5/22/6	RELATED TO THE TERM. NAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY OLD TICE TO THE TERM. NAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY OLD TO THE TERM. NAL DESCRIPTION OF THE TERM.
14- Lan. Acceptant was independent in the Descript wow initial accuration	(Enter rature of in, ury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	This raise of many in soll of role to the test to the
	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
Hour a.m. Whila Not While feck	ory, street, office bldg., etc.)
	10 19 61 True 00 61
21. I certify that (I) (this hospital) attended the deceased from A	18 4: 3861 to June 20 , 1961, that (6) (we) last
	death occured at A M, from the causes and on the date stated above
22a SIGNATUR	ATTENDING MED. STAFF
22c. PHYSICIAN S	D. PHYS. DIRECTOR PHYS. 22d, ADDRESS
NAME (Trac)	VAH, BALTIMORE 18, MARYLAND, FT. HOWARD DIV.
THOMAS F. CRAHAN, M.D.	
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	
Burial 6/23/196/ Baltimore Nat	The second of th
24 Just Williams 322 N. Schroeder	
Mrs. Katie R. Williams Baltimore, Mary	rland DATE JUN 2 2 161 C.The 9 Hours



VR A15 (4) 1SM 9/59

Λ	AR	YLAND	STATE	DEPA	RTMEN	T OF	HEAL1	TH	
HON	OF S	TATISTICAL	RESEARCH	AND REC	CORDS —	BALTIA	IORE 1, N	MARYLAND	
		CE	RTIFIC	ATE C	OF DEA	HTA			

1	1 0	F STATISTICAL RESEARCH	AND RECORDS — BALTIN	MORE 1, MARYLAND	06496
1. PLACE OF DEATH	/ <u>£742</u>		2. USUAL RESIDENCE (Wh	ere deceased lived. If institutio	n: Residence before admission)
	altimore	MARYLAND	IVICE		IDA1 I
B. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RU	JRAL and give nearest town
	PITAL (If not in haspital, give stre	el oddrers)	d. STREET ADDRESS	3	le, IS RESIDENCE
OR INSTITUTION	d ·	e Pires		Edmondson Av	ON A FARM?
3. NAME OF DECEASED	First	Middle	Lasi	4. DATE Mont	h Day Year ,
(Type or print)	Florence	Caroline	Claus	DEATH June	23, 1961
S SEX	6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	last birthday)	Months Doys Hours Min.
F.	W. WIDO	WED DIVORCED	Aug. 20, 1894	66 yrs.	Months Doys Hooks Mills.
during most of w	FION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR IND	1	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ographer		Md.	14.145	USA
13. FATHER'S NAME	Charles W.C.	lens	14 MOTHER'S MAIDEN N	e M.Roose	
15 WAS DECEASEDED					ALL
(Yes. no or unknown)	(If yes, give wor or dates of serv-ce)	217-03-2471	Mrs Robert	Ermest, 610mB	rpokwood Rd.#2
1B CAUSE OF D	EATH [Enter only one couse per	line for (a), (b), and (c).]			INTERVAL BETWEEN
	EATH WAS CAUSED BY:	Trite M.	motorraide	Jan.	ONSET AND DEATH
44	≥ ✓ DUE TO	01 -		1 -	
Conditions, if	ony, which)	Aripieters	11.12 - CA:	race raci	Catan 5 470
gove rise la couse (o), statin		1	20,		
lying couse los		V an	retre		V
PART II C	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	WAS UNDERLYING 20b. D NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in I	Part I or Port II of item 18.}	
20c. TIME OF INJUDENT OF ITS	1. Wh		LACE OF INJURY (Home, form octory, street, office bldg., etc		(County) {State)
21. I certify t	hot (I) (this haspital) atte	nded the deceased from	1945 19	1. to June	231961, that (I) (we) last
saw the dece	ased alive on_164	22196/ and that	death occurred of A.L.	M, from the couses one	d on the date stated obove.
220 SIGNATURE	mar Civil	rad-	M.D ATTENDING MI	ED STAFF RECTOR PHYS	226 DATE SIGNED
22c. PHYS CIAN'S NAME (Type		Todd	22d ADDRESS	Et Paul S	3 <i>F</i> .
230 BUR AL, CREMAT		23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, o	r county) (State)
REMBUT La	1 6/26/61	Loudon De	rk Centy	Balto.Md.	
24 GUNERAL DIRECTO	R'S SIGNATURE Edmon	ds on Ave.			TRAR'S SIGNATURE
.,	A 7-4	The same of the same	DATELL	26'61 Cush	un S. Kruera



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

£443

CERTIFICATE OF DEATH

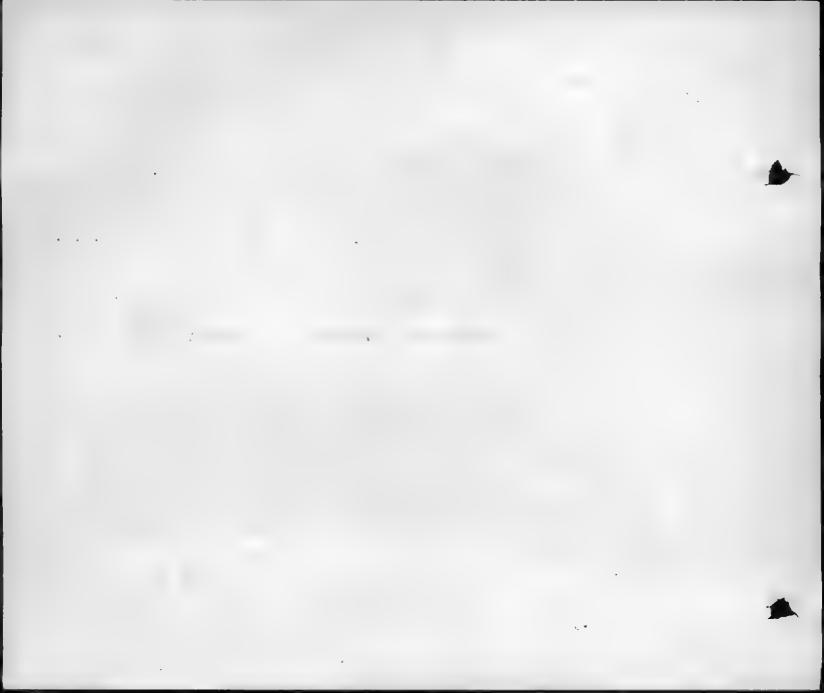
06427

o. COUNTY			2. USUAL RESIDENCE (Wh			dence before admission)
	timore	MARYLAND	Maru		Ba.	ltimore
	f autside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o		nits, write RURAL on	d give nearest town)
Timonium			Timonium	n		
	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS		1	e. IS RESIDENCE ON A FARM?
6 Cinder	Road		16 Cinder	Road		YES NO
NAME OF DECEASED (Type or print)	First Ruth	Middle Elizabeth	Coffman	4. DATE OF DEATH	Month 6-1-	Doy Year 1961
5 SEX	6 COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AG		DER TYEAR IF UNDER 24 HR
Female	White WIDOW		April 23,	1904	birthdoy) Month	s Days Hours Min.
00 USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12 (ITIZEN OF WHAT COUNTRY
Assemble:	ring life, even if retired)	M&Bendix Co	ro. Virgini	ì a		U.S.A.
3. FATHER'S NAME	1114		14. MOTHER'S MAIDEN N			
John Fra	anklin		Ocie Ma	aupin		
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address	
Yes, no, or unknown]	(If yer, give wor or doles of service)	12-10-9386Hu	sband 16 C		oad Timo	nium Md.
FARI I. DEA						
Conditions, if a		LOLON G	4.ATO314 -	HEPAT	(C -	5403 54R.
Conditions, if a gave rise to i couse (o), stating lying cause lost.	DUE TO ny, which (b) mmediate the under	^	7, 10 01 3	HEPAT	· (c -	54R.
gave rise to i couse (a), stating lying couse lost.	DUE TO ny, which (b)	COLON G	2-			5 NO3 5 Y R. PART 1(0) 19 WAS AUTOPS' PERFORMED? YES NO E
gove rise to i couse (o), stoting lying couse lost. PART I! OTH 20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO ny, which mmediate the under- HER SIGNIFICANT CONDITIONS (1)	COLON G	T NOT RELATED TO THE TERMI	nal disease con	DITION GIVEN IN P	PERFORMED?
gave rise to i couse (o), stating lying couse lost. PART II OTI	IMMEDIATE CAUSE (o) DUE TO (b) DUE TO DUE TO CC HER SIGNIFICANT CONDITIONS OF CAUSE OF DEATH MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURR NJURY OCCURRED Not while 120e. P	T NOT RELATED TO THE TERMI	NAL DISEASE CON Port I or Port II of (DITION GIVEN IN P	PERFORMED?
gove rise to i couse (o), stoting lying couse lost. PART II OTH 20a ACCIDENT WAO OR CONTRIBUTING (IF EITHER, NOTIFY 20c TIME OF INJUR Hour a.m. p.m.	DUE TO ny, which mediate the under. HER SIGNIFICANT CONDITIONS OF CAUSE OF DEATH MEDICAL EXAMINER; Y Month, Doy, Yaor 20d. 1 White of wor	CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURR NJURY OCCURRED Not while of work	T NOT RELATED TO THE TERMI ED. (Enter noture of injury in lace of INJURY (Home, form scrory, streat, office bldg, etc.)	NAL DISEASE CON Port I or Port II of i	DITION GIVEN IN P	PERFORMED? YES NO
gave rise to i couse (o), stoting lying couse lost. PART IT OTH 20a ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJUR Hour a.m. p.m. 21 I certify the saw the decease 220 5 GMATURE	DUE TO ny, which mediate the under. HER SIGNIFICANT CONDITIONS OF CAUSE OF DEATH MEDICAL EXAMINER; Y Month, Doy, Yaor 20d. 1 White of wor	CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work 20e. P	ED. (Enter nature of injury in LACE OF INJURY (Home, form actory, streat, office bldg, etc.) death occurred ATTENDING PHYS	NAL DISEASE CON Port I or Port II of i	DITION GIVEN IN P	(County) (State
gave rise to i couse (o), stating lying couse lost. PART II OTH 20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJUME Hour a.m. p. m. 21 I certify the saw the decease	DUE TO ny, which mediate the under. HER SIGNIFICANT CONDITIONS OF CAUSE OF DEATH MEDICAL EXAMINER; Y Month, Doy, Yaor 20d. 1 White of wor	CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work 20e. P	T NOT RELATED TO THE TERMI ED. (Enter nature of injury in LACE OF INJURY (Home, form actory, streat, office bldg, etc.) death occurred	NAL DISEASE CON Port I or Port II of i	DITION GIVEN IN P	(County) (State the date stated obave
gave rise to i couse (o), stoting lying couse lost. PART IT OTH 20a ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJURE Hour a.m. p.m. 21 I certify that saw the decease 22a 5 GRATURE 22c. PHYS.CIAN-6, NAME (Type)	DUE TO ny, which mediate the under. HER SIGNIFICANT CONDITIONS OF CAUSE OF DEATH MEDICAL EXAMINER; Y Month, Doy, Yaor 20d. 1 White of wor	CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work 20e. P	ED. (Enter noture of injury in LACE OF INJURY (Home, form bottory, street, office bldg, etc.) death occurred ATTENDING MAPHYS 22d. ADDRESS	NAL DISEASE CON Port I or Port II of i	DITION GIVEN IN P	(County) (State the date stated obave 22b DATE
gove rise to i couse (o), stoting lying couse lost. PART II OTH 20a ACCIDENT WAO OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJURE Hour a.m. p.m. 21 I certify the saw the decease 22o 5 GRATURE 22c. PHYS.CIAN-6-NAME (Type)	DUE TO ny, which mediate the under. (b) HER SIGNIFICANT CONDITIONS of the CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yaor 20d. 1 White of wor the condition of the condit	CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not white of work ded the deceased fram. 19	ED. (Enter noture of injury in LACE OF INJURY (Home, form botory, streat, office bldg, etc.) death occurred ATTENDING MAPPHYS 22d. ADDRESS OR CREMATORY	NAL DISEASE CON Port I or Port II of i	ouses and an i	(County) (State the date stated obave
gave rise to i couse (o), stoting lying couse lost. PART IT OTH 20a ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJURE Hour a.m. p.m. 21 I certify that saw the decease 22a 5 GRATURE 22c. PHYS.CIAN-6, NAME (Type)	IMMEDIATE CAUSE (o) DUE TO (b) mediate the under. HER SIGNIFICANT CONDITIONS (c) HER SIGN	CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not white of work of the deceased fram. 19 1 and that	T NOT RELATED TO THE TERMI ED. (Enter noture of injury in lace of INJURY (Home, form octory, streat, office bldg, etc.) death occurred ATTENDING MPHYS 22d. ADDRESS OR CREMATORY Memorial	NAL DISEASE CON Port I or Port II of i	ouses and an i	(County) (Stote

in by the funeral director, and 2 should be filed with hours after death. Page 4 TO FUZZAL DIRECTOR. After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death ITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within etained by the haspital ar ottending physician.

R

VR A15 (4) 1SM 9/59



FOR STATE TO VOLTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death y delay is necessary, pleat the certificate, writing the word "pending" in pencil in flow 18. Give Pages 1, 2, and 3 to me funeral director. Page 4 should be forwarded to the Chief Medical Examinar's Office along with form PM3. Page 5 may are retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any went within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND F 4 4 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06428

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution	n: Rasidence before admission)
\checkmark	a. COUNTY Daltimore MARYLAND	a. STATE Md b. COUNTY	
\cap	b. C TY OR TOWN (if outs de corporete l'mits. c. LENGTH OF STAY IN 16	c C.TY OR TOWN (If outside corporate I mits, write RURAL	and give nearest town)
7	write RURAL and give nearast town) Oella, Catonsville	Baltimore	
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS	e. IS RESIDENCE
	519 Oclla Ave	15 Tenney "t	YES NO
	3. NAME OF First Middle DECEASED	Last 4 DATE Month OF	Dey Year
1	(Type or print) Henry J Collins	DEATH C 1 1	5±10 1 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years of UND)	
ł	i'a'e widowed D.vorced	11-27 887 lest birthdey Months	Days Hours Min
Ì.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. B RTHPLACE (State or foreign county) 12.	CITIZEN OF WHAT COUNTRY?
	Machinist	Thank and	TT C- 1
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ? Flahertv	•0•1
	Michael Collins		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (Ifyesgivewerordetesofservice)		
	21/2 01 1 2/7	Field In W. Collins, "I'mer!	4.4
1	1B. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
1	PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiav fa	ilure	
1	DUE TO		
	Conditions, if eny, which Typertensive card	io vanc ar lin a	
ı	gave rise to immediate cause (a), stating the underlying DUE TO		
	causa last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	
	ř.		YES NO THE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208 EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	ntar neture of injury .n Pert I or Part I of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. PLAC	CE OF INJURY (Home, farm, 20f. (City or town)	ounty) (Stala)
	Hour a.m. While Not While factor	ory, streat, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,
	21. I certify that I took charge of the remains described above, help	d an Autopsy Inspection Inquiry III	and in my opinion
1	death resulted from Natural causes], Accident [], Suici		
	dealth resolved from Training Causes Are Accident		
1	ACTUAL TO MINISTER	CHIEF MEDICAL EXAMINER	
1	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
1	EKAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER June 1	is the (co)
	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	Addrass (Street, city, town, or county) CREMATORY 22d. LOCATION (City, town, or county)	
	BREMOVAL (Specify) 6-19-1961 Conthodrol	1 Battinger	mid
1	23. FUNERAL DIRECTOR ADDRESS	/ 24s. REC'D BY REG.STRAR I 24b, REG.STRAR'S	SIGNATURE
	me Maple Sent Cotons into - 7.8-	W d / HEN 2 0 '61 0.0 -	S. Kraus
1	1100 Harri 1700 - Commorcio Po 1	DATE JUIL E 0 01 COCCUM	2



1		MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE	, 18
	(NA)	6445 CERTIFICATE	OF DEATH	Reg. Dist. No. 06429
n. Page 4 I director, filed with	IM	1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND 2. L	USUAL RESIDENCE (Where deceased lived. If ins b. COU	
deoth. funerol			c. CITY OF TOWN (If outside corporate limits, wr	ite RURAL and give nearest town)
rs after by the 1 1 2 shou			d STREET ADDRESS SOMMIT	Au e 1 e. IS RESIDENCE ON A FARM? YES NO SE
hour hour hour hour hour hour hour hour	y	3. NAME OF DECEASED (Type or print) PAIR: K	COOK 4. DATE OF DEATH JU	Month Day Year
letely f	6 %	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DA WIDOWED DIVORCED	TE OF BIRTH 9 AGE (In you lost birthd	
d comple	deog.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) BALTIMURC MS	12. CITIZEN OF WHAT COUNTRY
e be an o	i die	13. FATHER'S NAME PETER TI COOK	MOTHER'S MAIDEN NAME	
n certificate b ing physician ie remove car		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	TER J. COOK	Address SAME
ottendii ottendii	Ž Ž	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	remanities	INTERVAL BETWEEN
that the	event	1491 X DUE TO	ronchislite	51 Glar
equires in	0 u o	Conditions, if ony, which gove rise to immediate cause (o), stoting the under lying cause lost.		
e low re physicion is been ol-tronsi	ovel, on	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES NO
AN: The			iter noture of injury in Port I ar Port II of item 18	
MYSICI or offe is certif use os t	marion,	3 20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE C	OF INJURY (Home, form 20f (City or fown) street, office bldg etc.)	(County) (Stote
bing P hospito Afrer th	. cre	21. I certify that lattended the deceased fram 6	- love	Athat I last saw the decease
by the CTOR:	or to bur	alive an 19 , and the death acc	curred at A M, from the causes ADDRESS (Street, city) or the	s and an the date stated above
AL OR etoined AL DIRE hould b	pror prior	SIGNATURE TO M.D. HITTEICIAN FRANKT KASYK	TR.	7.74
HO PU PU oge 3 s	6 0 10 15	220 BLANDAL, CREMATION, 226 DATE THEREOF 22c, NAME OF CEMETERY OR CRE REMOVAL (Specifi) 6/12/4/ New Cot	TERRE 22d LOCATION (City, to	To M(State)
P P P P P P P P P P P P P P P P P P P	•	23. FUNERAL DIRECTOR'S SIGNATURE C. F. EVANS & SON 8802 HAR FORD		REGISTRAR'S SIGNATURE CLITCHIA S. Thank
15M 9/58	Ę	- +1. XV6		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

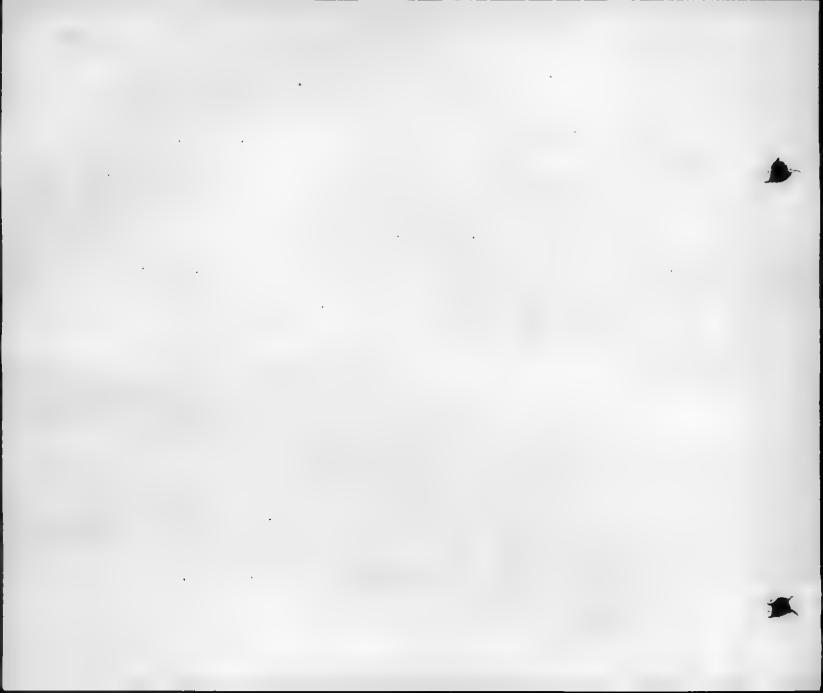
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06430

						· · · · · · · · · · · · · · · · · · ·			
\	1, 6	PLACE OF DEATH	DRG	MARYLAND	2, USUAL RESIDENCE (V		f institution: Reside	nce before odmissi	(on)
	ŧ	b. CITY OR TOWN (If outside of RURAL and give nearest town	carporote limits, write c. (LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporate limit	s, write RURAL and	give nearest tawn	}
	4	d. NAME OF HOSPITAL (IF not		ess)	d STREET ADDRESS	DCHOOL	Ave	e. IS RESI ON A YES	FARM?
-		NAME OF DECEASED (Type or print)	REPT	Middle	RATER	4. DATE OF DEATH	, Month	Day	(eor/
	5. S	SEX 6. COLO	OR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	75- 9. AGE	in years IF UNDE irthday) Months	R TYEAR IF UNDE	
	10a	USUAL OCCUPATION (Give I during mast of warking life, e	kind of work done 10b. KINI	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sio	te or foreign country)	714 12.01	O- J.	OUNTRY?
	13.	FATHER'S NAME PERCIVA	L CRATE	P	14. MOTHER'S MAIDEN	THA	HOATTE	P	
	15. (Yes	WAS DECEASED EVER IN U. S.	ARMED FORCES? 16. SOC	1AL SECURITY NO. 17.11 -05-598/	ARRY C	14TER 7	Address 30	400x AL	10.
		1B. CAUSE OF DEATH [Enter PART I DEATH WAS IMMEDIA		F R 10 50	LE ROTIC (2. V. D/S		INTERVAL BE	TWEEN
		Conditions, if any, which	DUE TO						
		gove rise to immediate couse (a), stating the under lying cause last.	e (DUE TO				,		
	CATION	PART II, OTHER SIGNI	FICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN PA	RT 1(a) 19 WAS A PERFO YES	AUTOPSY RMED?
	CERTIFI	20g ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	E HOW INJURY OCCURRE	D. (Enter noture of Injury i	n Port I or Port II of ite	m 1B.}		
	MEDICAL	20c TIME OF INJURY Month Hour o. m. p. m.	, Day, Year 20d. INJUR While at work		ACE OF INJURY (Home, factory, street, office bldg., e			(County)	(State)
		21 1 certify that (I) (th	/ 14 6 37	/ /	death occurred at 2	95% ta 92 M, from the ca	uses and an t	that (I) (
Î		220 SIGNATURE 5 Lefter	O. Twockor	riole	ATTENDING _/	MED STAFF			DATE S GNED
		22c PHYSIC AN'S NAME (Type) STE	PHEN C. M.	1ACKOWI	4x 6714	Hololind	he B	alknowe.	12. M
	230	BURIAL, CREMATION, 236.	DATE THEREOF 23	SETHSEM	ANE CEM.	23d. LOCATION (C	y, tawn, ar county	PA (Stor	e)
	24,	FUNERAL DIRECTOR'S SIGNAT	TURE INTERAL HIS	ADDRESS DOATE	A control of	C'D BY REGISTRAR	Cathur 2		
	-		115	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		HIN A V			

TO HORPIAL OR ATTENDING FHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital at alreading physician.

TO FUNAXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely if 23 in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59



the funeral ed within 24 hours after and OFFIGURE IN ATTENDING EXYSICIAN: The law requires that the death certificate be experied within 24 h death Page 4 may be retained by the hospital or attending physician. OFFIGURE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after defined with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after defined with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent.

TO H 변 전 YR A15 (4) 15M 9/60

MAILVLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

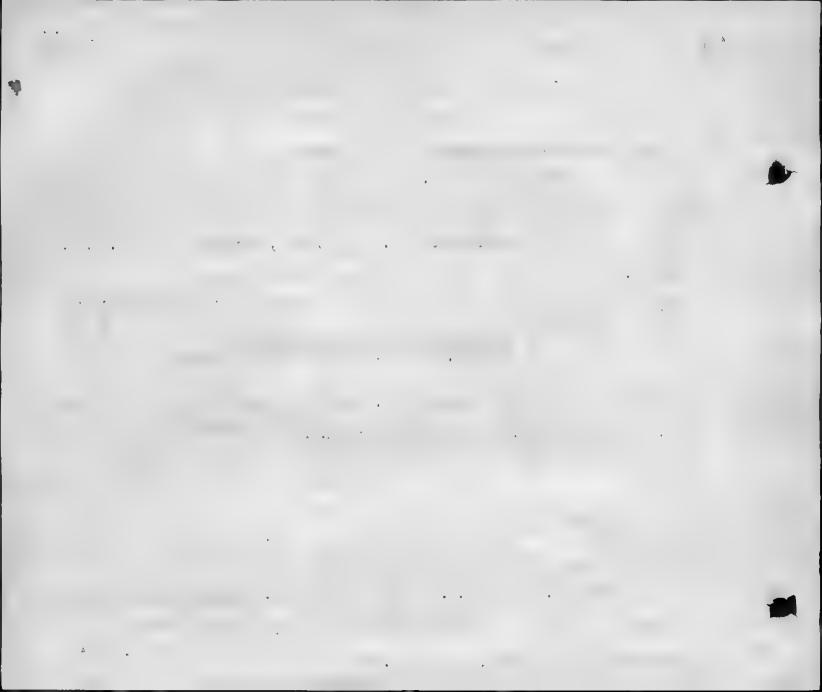
DOKO.

1_		CERTIFICATE C	of Dewill		96437
1,	PLACE OF DEATH •. COUNTY	2.	USUAL RESIDENCE (Where a. STATE	deceased lived, If Institutions Re	esidence before admission)
_	Baltimore	MARYLAND	_Maryland	Baltimore	
L	b. CITY OR TOWN (if outside corporate I m ts, write RURAL and give neerest town) Timonium	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rpozete I mils, write RURAL end	give neerest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d STREET ADDRESS		t e. IS RESIDENCE
П		Irel, give street eddress	a SIREEI ADDRESS		ON A FARM?
	2303 Ravenview Road	11 /	2303 Ravenview	Road	YES NO 🔝
3	NAME OF First Person	M ddle	Lest 4 DATE		Day Year
	(Type or print) Grace M. Cro	owther	OF DEAT	H June 1.	1 061 19
5	. SEX 6. COLOR OR RACE 7. MARRIED	T NEVED MADRIED 18 DA	TE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	r'e .ale / Thite whowed	N.C.	5, 1886	() ()	Days Hours Min.
11	On. USUAL OCCUPATION (Give kind of work 10b. KIN tone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY 11	. BIRTHPLACE (County & State, o	or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
	Homemaker Ho	ome	Maryland	U.S.	Δ .
1:	3. FATHER'S NAME		MOTHER'S MAIDEN NAME		
	Charles Mackey		Martha ?		
1.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.5 Yes, no, or unknown) (fyesgive waror dates of service)	OCIAL SECURTY NO. 17. INFO	RMANT	Address	-
	no, or unlown/ (if yes give war or dates or service)	no Mr. C.	M. Cummings-27	∩3 Ravenview	Road
-	18. CAUSE OF DEATH [Enter only one cause per lin		4) 1101011110W	INTERVAL BETWEEN
П	PART I, DEATH WAS CAUSED BY:				ONSET AND DEATH
Н	MMEDIATE CAUSE (6)	orcinerial	osu-		10 mos
	DUE TO	. 4	U FR.	1	,
	Conditions, if any, which (b)	amoua a	t. Brens	L	10 luca
	geve rise to immediate couse (e), steting the underlying DUE TO				
	couse lest.				
Z		RIPLTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D SEAS	E CONDIT ON GIVEN IN PART	
Ιĕ		Tin hotton	mallitus		PERFORMED?
55	20e. ACCIDENT WAS UNDERLYING 1 1 20b. DESC	THE HOW INJURY OCCURED. (Ent.	ar nature of injury in Part Los Part	Il of 'lem 18 1	I III III III
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW THOOK! OCCURED. (CI	e. de ore of many man tot rem	ii di Tori ip j	
					· · · · · · · · · · · · · · · · · · ·
WEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. If While		F INJURY (Home, farm, ' 20f. (C treet, office bldg., etc.)	ity or town) (Cour	nty) (Stefe)
ME	p.m. 19 et work		4		
	21. I certify that (I) (this hospital) attend	ed the deceased from.	-22 J = 195/10	6-1- 196	2., that (I) (we) la:
		196/, and that dea			
1	22e. SIGNATURE	Α	A	n.	22b. DATE
	THE CASE	1.07	ATTENDING MED. PHYS. DIRECTOR	STAFF A	9 SIGNE
	22c, PHYS.C AN'S LOCAL TO	MD.	22d, ADDRESS	L	- oc-61
	NAME (Type)			rles St. Balto	10 102
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2.	36. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR C	REMATORY 23d. LO	CATION (City, town or county) (Stete)
	Burial 6-3-61	Lorraine Park C	emetery Vo	odlawn, Laryla	nd
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY REGI	STRAR 256. REGISTRAR'S S	IGNATURE
		*	DATE JUN 2	61 Cirilian of	Traves

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6449 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased tived, If institutions Residence before admission a. COUNTY Baltimore Baltimore by the and 2 death. MARYLAND Maryland b. CITY OR TOWN I f outs'de carporete fimits, c C TY OR TOWN (If outside corporate l.m ts, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest fown) Fort Howard 22 Days .=-Sparks Pages Filled d STREET ADDRESS a, IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Veterans Administration Hospital YES NO X Route Box 30 3. NAME OF DATE Yaes Month DECEASED OF LEVI T.homas (Type or print) DEATH CURTTS 19 June S. SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Male White WIDOWED [DIVORCED physician 106, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foreign country) remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Guard Machine Tool Co. Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending pue Howard T. Curtis Mary Frances Navlor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Then Address oval, (Yes, no, or unkown) (If yes give wer or dates of service) Clinical Records, VAH, Baltimore 18. Maryland Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for e , (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. RECENT IMMEDIATE CAUSE (a) HEMORRHAGE RETROPERTTONEAL MASSIVE RUPTURE (RÉCENT) ABDOMINAL AORTIC ANEURYSM DUE TO UNKNOWN Conditions, if any, which (b) geve rise to immadieta ceusa DUE TO (a), steting the underlying ARTERIOSCLEROSIS. MARKED. GENERALIZED PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) WAS AUTOPSY 호두 PERFORMED? certifica 1. Portal Cirrhosis, liver, duration-unknown. 2. Pulmonary Emphysema NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18. After Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While Hour a.m. at work et work DIRECTOR: 21. I certify that 11) (this hospital) attended the deceased from May 27 1061, to June 18..., 19.61 that 11) (we) last 18 ..., and that death occured at..p....M, from the causes and on the date stated above saw the deceased alive on... 22b. DATE 22a, SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S CHOMAS F. CRAHAN. VAH, BALTO. 18, MD, FORT HOWARD DIVISION ROBO OR CREMATORY 23d. LOCATION (City, lown or county) (State) 23s. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 6-21-61 - B B Sparks, Maryland Methodist Church Cemetery Burial 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) XXXXXX Brooks Funeral Home, 622 York Rd. Towson 4, DATE JUN 20'61 15M 9/60 Maryland



FOR STATE HEALTH DEPT. delay is necessary, pieose funeral director. Page gained for your files. Estate Board of Health,

State Edeoth.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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li	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)							
	a. COUNTY	Politino	30	N	LARYLAND	o. STATE	"arr	lind	b. COU	NTY TO m	lti	0179
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town and give nearest town							orest town)				
	oud give Mater Ion	k (Thath	ness)	1 hr		X Dr.	dalk					
4	d NAME OF HOSPI	TAL OR INSTITUTION (lf not in hospi	fot, give street or	ddrest)	d STREET A	DDRESS				_	e IS RES DENCE
	Wise Ave	enue, Rea	r Cree	ek Prid	lre	1 30	05 S	oller	s Poi	nt Ro	pd	YES NO I
3	NAME OF DECEASED	Fir	yl .	Middl		DA T		4. DATE OF	M	onth	Doy 1 A	Y**07 1951
	(Type or print)	,	1~	- 87				DEATH			, A. V.	
5	inle	White	WIDOWED:	_	RRIED 8.	LE FTB	1039		9. AGE (In year)	Months	-	Hours Min.
ī	a, USUAL OCCUPATI	ON (Give kind of work	done 10b. Kit	ND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPL	ACE (State of	or foreign co	unity)	12 CI	TIZEN OF	WHAT COUNTRY?
		ng life, even firetired) nilitemin	Pat:	apa, m	E Dieli	10 12	ซไ÷เซเดี	1		ī	J.S.	Α.
Ī	3. FATHER'S NAME			RR.		14. MOTHER'S	MAIDEN N	AME			d //w where	
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		FR IN U. S. ARMED FO				FORMANT			Addr	053		
	(er so or auguona)	(if yes, give war er dates of	1971	9-25-27	707 · r	3. **am	ie a.	שידות.	40 /	2 2		
		ITH [Enter only one cau	se per line fo	r (o), (b), and (c))] ,						INTER	VAL BETWEFIN T AND DEAT +
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE [6]	. /	2600	WNI	No						
П	920	DUE TO		· · · · · · · · · · · · · · · · · · ·								
	Cenditions, if	· /3										
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	(a), stating the	underlying (c)										
1:		HER SIGNIFICANT CON		ATRIBUTING TO E	DEATH BUT NO	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN PA	ST 1(a) 15	P. WAS ALTOPSY
	}	_										PERFORMED?
1	PART II, OT	HEE WAS 100	N-Miscaus I	HOW INJURY OF	CUPSO 15-	des Antores et Ini	la Rest	Lau Bast II	of stem 10 t			ESTI NORT
1	PRIMARY EVOT CO	NYRIBUTING [Jul	Cuti	Jan	1 rule		t or corr ii	or trem re)			
	20c. TIME OF INJU	RY Month, Day, Ye	or 20d. IN	JURY OCCURRED	20e PLAC	E OF INJURY (F	iome, form,	201. Kily	or fown)	19	ounty)	(State)
1	20c. TIME OF INJU	678 19	6 While	JURY OCCURRED Not white at work	Il IS	e Ale	piog., etc.)	1311	udair	-17	histi	My
н	21. I certify t	hot I took chorge	af the re	mains descr	ibed obov	re, held an	Autopsy	🔲, In	spection [Inqu	iry 🔲	and in my
1	opinion death	resulted from:	Natural co	iuses 🔲. A	ccident [Suicide	: 🔲, н	lomicid e	, Unde	etermined	manne	r 🔲
-1	ACTUAL	122	An	112						- / /		DATE SIGNED
	SIGNATURE		1 "	7,000	/	WID.	EDICAL EX	_	- min	lote	1.1	
-	EXAMINER'S	7 To 7 4 T	77					L EXAMINE		4/7	16/6	/
_	NAME (Type)	"elvin T			XAMINER [1				
2	20 BURIAL CREMATION REMOVAL (Specify	ON, 226. DATE THEREC	OF 2	2c. NAME OF CE	METERY OR	CREMATORY		22d. LOCAT	TON (City, tow	n, or county))	(Stote)
	त्राप्त	1 6-22-1	951	Loudon	Park			T	altimo	י פינ	ant	7
	3. FUNERAL DIRECTO	h — — — A	792	2 VISe	20.07.67	10	24o. REC'D	BY REGISTI	RAR 24b. RE	GISTRÁR'S S	IGNÁTUR	E. TIC.
1	JOHN J. I	DUDA	452	timorn	ayeni	7.00	DATE I	1 2 6 '6	1	with the	. Hear	A

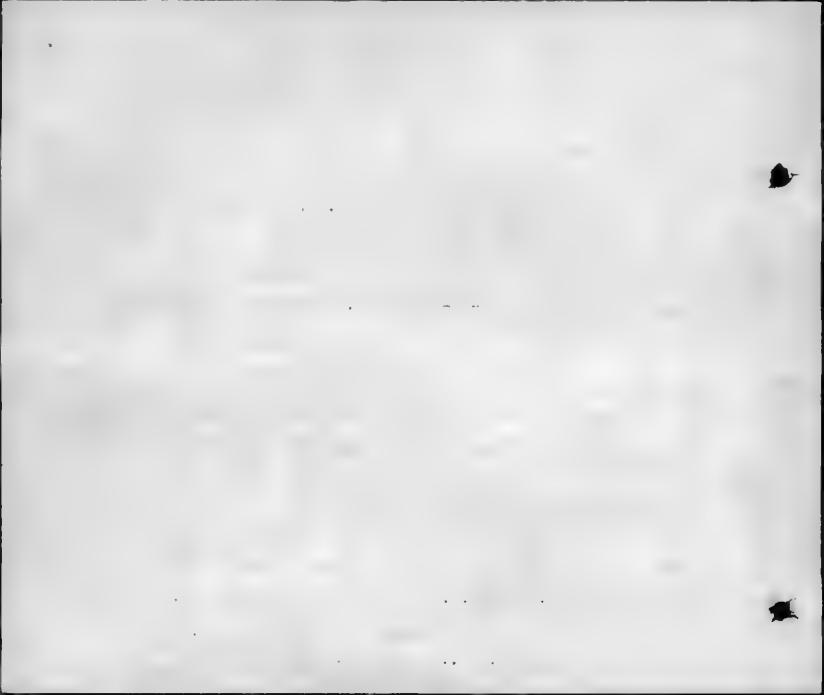
TO DAPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any a example certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to 14 to 4 s. The certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to 14 to 4 s. The convex of the Chief Medical Examiner's Office along with form PM3. Page 5 may the TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 haurs after a VS. AISME 5M 2/57



death.

hours ofter

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



AND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before edmission) a. COUNTY MARYLAND E LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) 97 Pages filled NAME OF DECEASED OF (Type or print) DEATH AGE (In years / F UNDER YEAR 5. SEX IF UNDER 24 HRS WIDOWED [physician 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME please aftending Then (Yas, no, or unkown) ! (If yes give we cordates of service) 18. CAUSE OF DEATH (Enter only one cause per line for e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH Sudden Coronary Occlusion, Acute IMMEDIATE CAUSE (a) DUE TO (b) Hypertensive Cardio-vascular Disease 5 vrs. geve rise to immediate causa DUE TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? S NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH JE EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED . 20s. PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) (County) (Stelle) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not White at work 21. 1 certify that (1) CONSCINENT attended the deceased from June 1947, to June 19.61 that (1) (36) last 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS 1 Mallow Hill Ave. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type J. Gaver. M.D. Baltimore 29, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0

ADDRESS

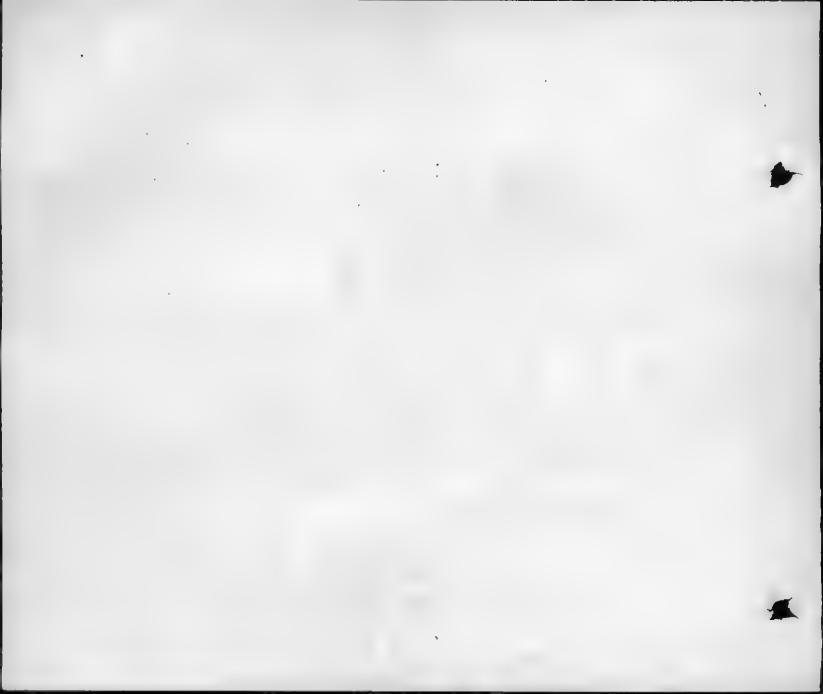
24 FUNERAL DIRECTOR'S SIGNATURE

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE



director, iled with filed \ the funeral should be fil 24 Ξ Pages death afte papers. puo DOG pllysician 9 attendi ᆸ the þ gned ate him llees sig or attending physician crematian, certificate ‡ S DIRECTOR: o VR A15 (4)



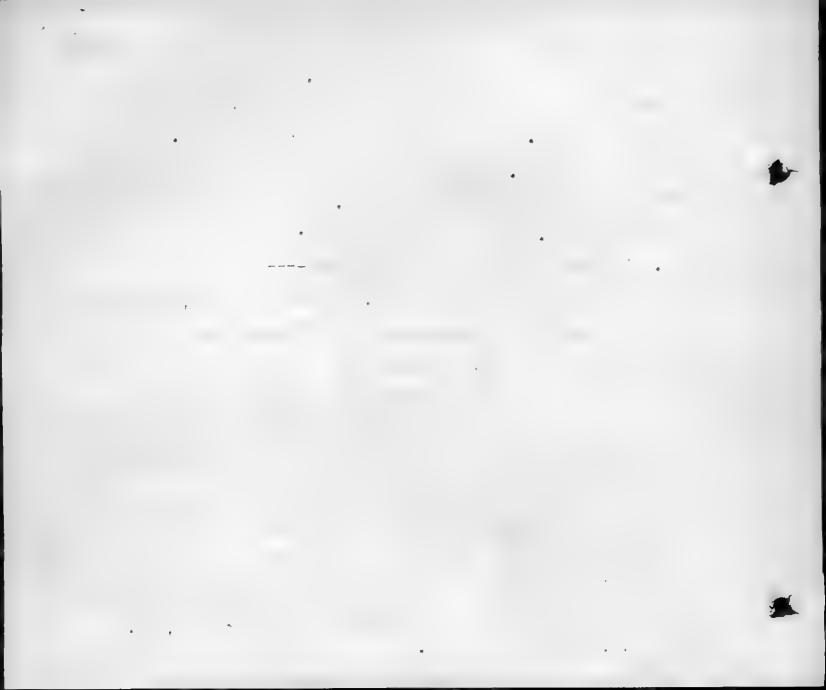
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MARYLAND	STATE	DEPARTMENT	OF HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

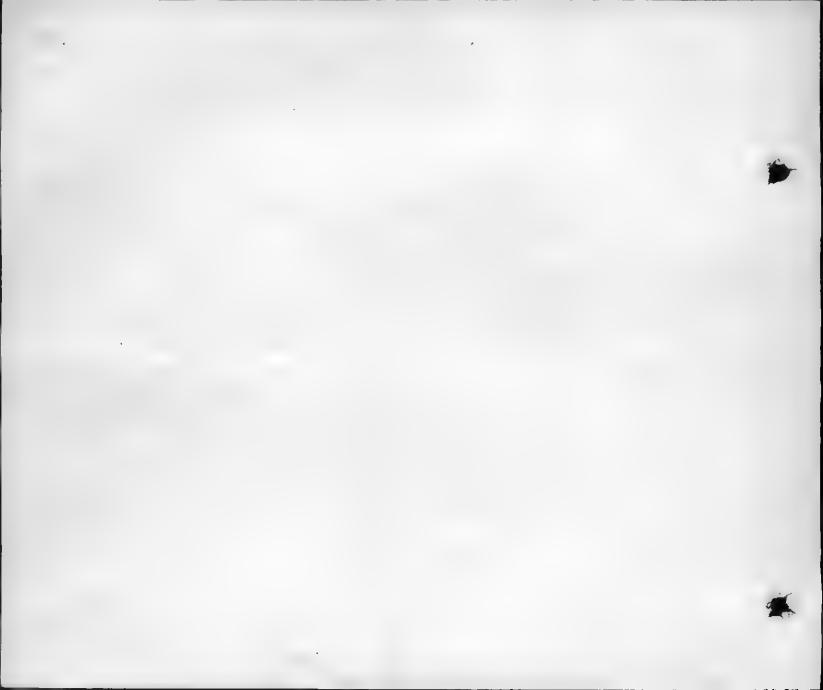
	<u> </u>	CERTIFICA	ALL OF DEATH			437
1. PLACE OF	DEATH		2. USUAL RESIDENCE (W			before admission)
a. COUN	Baltimore	MARYLAND	o. STATE	b. CC	DANTA 📤 - 1-j	7 17 2
B. CHY C	ok IOWN (it outside corporale limits, write	c LENGTH OF STAY IN 16		outside corporate limits,	write RURAL and giv	e nearest town)
	and give negrest town)		X Catons	ville		
650 IN	OF HOSPITAL (If not in hospital, give street STITUT ON Properties Rd.	address)	d. STREET ADDRESS	pington Ro	l.	e. IS RESIDENCE ON A FARM? YES NOTE:
3 NAME O		Middle	Losi	4. DATE	Month	Day Year
DECEASE Type or	36 - 44 77 77		1031	OF DEATH JUN	ma lan	19
5. \$EX		RIEDE NEVER MARRIED	B DATE OF BIRTH	9 AGE (In fost birth	1	YEAR IF UNDER 24 HRS. ays Hours Min
Male	wind window	/ED DIVORCED	ct. 10/92	68	yrs.	ays Hours Min
100 USUAL during	OCCUPATION (Give kind of work done 10b. nost of working life, even if retired)	KIND OF BUSINESS OR INDI	USTRY II BIRTHPLACE (Stote	or foreign country)		N OF WHAT COUNTRY?
13. FATHER'S	NAME		14 MOTHER'S MAIDEN	NAME	*	
Geo.	Dietrich		Mary	=		
	CEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
Yes, no, ur uni	(If yes, give wer or dates of service)	Mirs	s. Margaret	Dietrich.	650 Orp	ington_Rd
	USE OF DEATH [Enter only one couse per leaves of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ine)for (a), (b), and (c).]	L Eden			INTERVAL BETWEEN ONSET AND DEATH
	1.5.3.8 DUE TO	arluona	Q Cu	lon		monta
couse (o), stating the <u>under-</u> couse last. (c)					
CERTIFICATION SOLUTION (ILE ELIH	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART I	(e) 19 WAS AUTOPSY PERFORMED? YES NO
1 .)	CIDENT WAS UNDERLYING (20b. DES NTRIBUTING (CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Part I or Part II of item	18.)	
	E OF INJURY Month, Day, Year 20d. our a.m. p. m. 19 of we	Not while	LACE OF INJURY (Hame, for actory, street, office bldg., en	n, 20f. (City or town)	(Co.	unty) (Stote)
	ertify that (I) (this hospital) attended deceased alive an		death accurred at 15	A from the cour		(, that (I) (wet last
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	tames Mi	-Car_	M D PHYS	NED STAFF		7 (1516NED
22c PA	MULTIPOLAN		22d ARDRESS	low/Hel	10 Rd	Balton
	CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town, or county)	(State)
Buri	Al (Specify) July 3/61	New Cathed	iral	Baltimor	Md.	
24 FUNERAL	DIRECTOR'S SIGNATURE	ADDRESS Som Ave.		D BY REGISTRAR 255	REGISTRAR'S SIGN	NATURE
TLUZK	L . D. ALOT EGINOSIG	DUM AVE.	DATE	uu 3 '61	O 12 mg	House



after death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. COUNTY **b.** COUNTY Baltimore by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c, CITY OR TOWN [If outside corporate limits, write RURAL and give necrest town] E LENGTH OF STAY IN 16 write RURAL and give nearest town) Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) HOSPITAT 24 Whitfield 3. NAME OF Middle DATE DECEASED OF (Typa or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B DATE OF BIRTH last birthdey) Months male WIDOWED -DIVORCED [10a USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) done during most of working life, evan if retired) banker Maryland 13. FATHER'S NAME please aftending botomoun Lewis Dill Margaret DOKNING. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detes of service) Records: SPRING the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Arterioscleratic cardiovascular disease DUE TO Generalized arteriosclerosis, severe (b) has been geve risa to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY 98 Benigh prostatic hypertrophy 2De. ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After this 3 should be detached for 2Dd. INJURY OCCURRED , 2De. PLACE OF INJURY (Home, farm, ' 2Df. (City or fawn) 20c. TIME OF INJURY Month, Day, Yeer factory, streat, office bldg., etc.) Not While Hour a.m. el work at work 21. I certify that (!) (this hospital) attended the deceased from... 161., to. Jung. 21., 19. 61that (I) (we) last 5...M, from the causes and on the date stated above. 21 . 1961 ... and that death occured at saw the deceased alive on... June 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS GROVE STATE NAME (Type) Stella Wachs ler, M. D. Catonsville 28. -Nd. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, fown or county) 1 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 00 Pikesville Burial 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Cirilary S. Kines H.W. Jenkins & Sons Co. 4905 York Rd. Balter UN 26'61

e. IS RESIDENCE

19 67

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED?

NO X

(State)

SIGNED

Deys

(County)

ON A FARM? YES NO

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) a. COUNTY . STATE Maryland b. COUNTY Baltimore MARYLAND £2 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give necrest town) Towson mo. filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours 404 Far Hills Court 404 Far Hills Court NAME OF Middle Lact Month DECEASED Harriet Boynton Dodson June (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Stast birthdey) 1 Months Female WIDOWED IX DIVORCED physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gn country) done during most of working life, even if retired) New York Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please aftending Harriet Purmort and Boynton Samuel 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress (Yes, no, or unknwn) | (Ifyes give wer or dates of service) Mrs. Norman Raymond Same attending physician, the burial-transit permit. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying has ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificat 8 nse prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of I'em 18.) 20a. ACCIDENT WAS UNDERLYING [7] for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this detached 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 2Dc. TIME OF INJURY 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work al work p.m. DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from 1950. 19,.... to...... the deceased alive on... SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. FUNERAL 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type)]) ? Hamburger 23a, BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial Baltimore, Maryland dir. Green Mount June J. G 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

John O. Mitchell & Sons, Inc. 1900 Eutaw DATE JUN 14'61 Place

ADDRESS

Baltimore

e. IS RESIDENCE ON A FARME

YES TO NO TO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO Z

(Stata)

22b. DATE

SIGNED

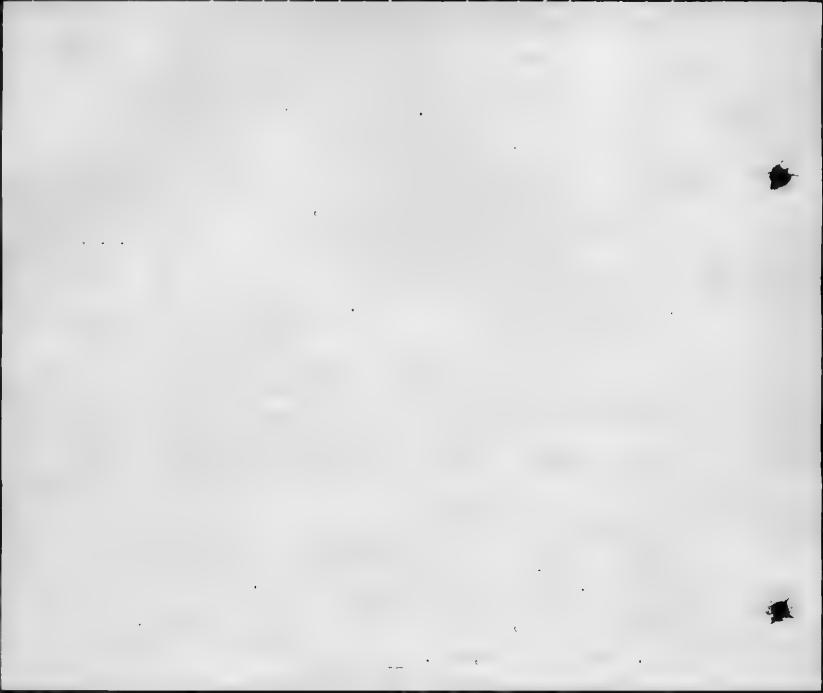
19 that (1) (we) last

12. CITIZEN OF WHAT COUNTRY

II.S.A.

(County)

61

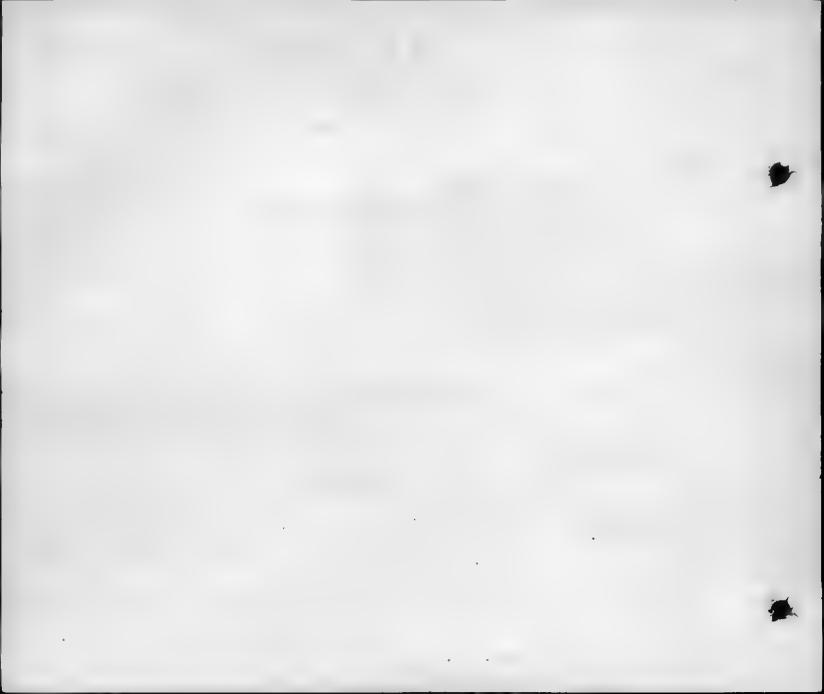


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased | yed, |f Institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Prince George MARYLAND b. CITY OR TOWN (f outs de corporate , mits, c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) .5 Catonsville days Oxonhill, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, a ve street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 11106 Brockton Road SPRING HOSPITAL YES NO 3. NAME OF First Middle Month Yaar DECEASED (Type or print) Sue DEATH Dorset June 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH AGE (In yeers LIF UNDER I YEAR) IF UNDER 24 HRS. lest birthday) and Months female white April 9, 1875 WIDOWED A 10e. USUAL OCCUPATION (Give kind of work physician remove 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Steta, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife U. S. A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ξ altending unknown unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (If yes give wear or dates of service) RECORS: Spring Grove State Hospital unknown unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Myocardial infarction IMMEDIATE CAUSE In DUE TO Arteriosclerotic cardiovascular sisease gava rise to immediate cause DUE TO (a), stelling the underlying has Generalized arteriosclerosis manage last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY certificate PERFORMED? NO · 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) etached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bidg., etc.) Not While Hour a.m. al work at work 21. I certify that (I) (this hospital) attended the deceased from. June June 19.61 that (I) (we) last June 21 saw the deceased alive on.... 22b. DATE 22s. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S SPRING GROVE HOSPITAL NAME (Type) Stella Wachsler, M. D. Catonsville 28. Md. (State) 230. BURIAL, CREMATIONS SUMERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/80 DATEJUN 2 6 '61 arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If Institution: Residence before edmission) e. COUNTY e. STATE by the and 2 death. MARYLAND LENGTH OF STAY IN 16 write RURAL and give nearest town) Ξ. filled d. NAME OF HOSPITAL e. IS RESIDENCE ON A FARM? NAME OF DECEASED DEATH (Type or print) 5. SEX HE UNDER T YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and Months Days Hours WIDOWED I 10a. USUAL OCCUPAT ON (Give kind of work physician 1 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of 13. FATHER'S N affending pl MOTHER'S MAIDEN NAME Then WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, npt os unkown) | (Ifyesgivewerordateso(service) the CAUSE OF DEATH [Enter only one couse per I ne for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: physici IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying cause lest, certificate PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO . 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Peri I or Peri II of item 18.) After this 20c. TIME OF INJURY 20d. INJURY OCCURRED ; 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or fown) (County) (State) Month, Day, Yeer fectory, street, office bldg., etc.) While Not While at work et work DIRECTOR: 6-2/- , 196/., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 2. ...1947 ... and that death occured at 200 Million the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED MED. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S (Stele) OI 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE INERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



Pages 1

6461

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

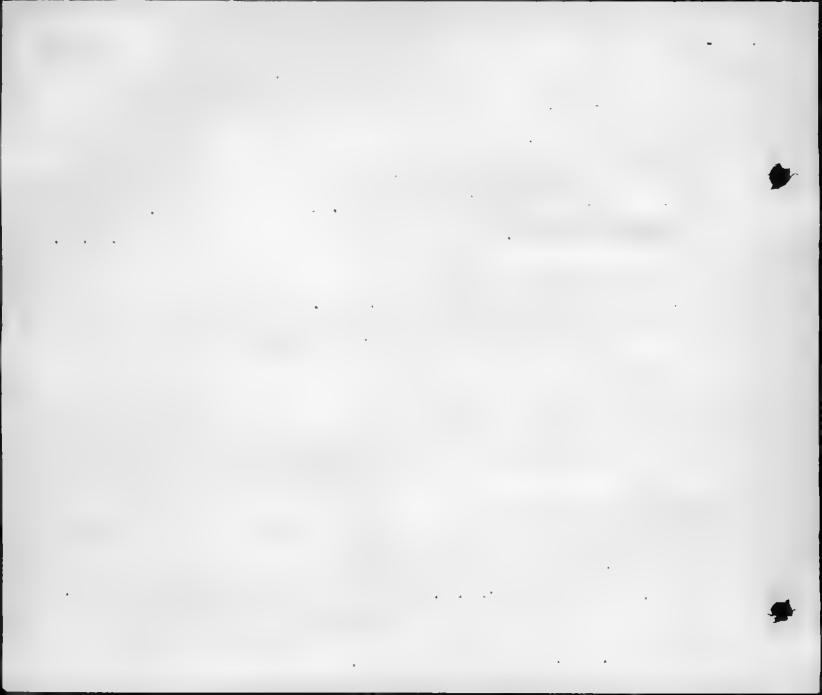
06445

1,	o COUNTY	Baltimore	MARYLAND		Md •	d lived. If institution: b. COUNTY	Balt1	fore admission) .more	
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, wri	c. LENGTH OF STAY IN 16	c. CITY OR TOW	VN (If outside corpo	prote limits, write RUR	AL ond give n	nearest town)	
	I	Baltimore		Baltin	more				
	d. NAME OF HOSE OR INSTITUTION	TAL (If not in hospital, give str	eet address)	d. STREET ADDI	RESS			IS RESIDENCE ON A FARM?	
L	OK MASHIOTION		is Avenue	1227 1	Francis	Avenue		YES NO XX	
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	1	Day Year	
	(Type or print)	William 1	Herbert Eckar	t	DEATH	June	1, 19	961 19	
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH			V	AR IF UNDER 24 HRS	
	male	white wind	OWED DIVORCED	Feb. 19	, 1907	54 yrs	Months Doys	Hours Min	
10	decing most of twe	ION (Give kind of work done)	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign c	ountry)	12 CITIZEN	OF WHAT COUNTRY?	
	Urmenta	Tron Mrg.		Baltir	nore, Ma	ryland	U.	S. A.	
13	FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	-			
	Andrew	Eckart		Jane	e Grace				
	WAS DECEASED EV	/ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 1	NFORMANT		Addres	\$		
	no	(1.74), 914 1141 07 000 01 10 100,	216-09-7807	Rose H. I	Eckart 1	1227 Fran	ncis A	venue	
	18 CAUSE OF D	EATH [Enter only one couse pe	er line for (o), (b) and (c)-]		P		41	ITERVAL BETWEEN	
	PART I DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Caren	ma "	2 Lun	- Com		5 mo	
	163 x	DUE TO		8		/			
	Canditions, if	ony, which) (b)							
	gove rise to couse (a), stating	immediate (
	lying couse lost								
Z O	PART 11. O	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
3								YES NO	
CERTIFICATION	20a. ACCIDENT V	/AS UNDERLYING ☐ 20b. I	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of in	jury in Part I or Par	rt II of item 18.)			
	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJU		6.00	ACE OF INJURY (Hon clary, street, office blo		y or town)	(Count	ly) (State	
MEC	р. т	10	nile Not while work of work						
	21 1 certify th	at (1) (this haspital) atte	ended the deceased fram.	april 1:	5. 1961 to	June 1	1961	that (I) (we) las	
	1	ased alive an Dure	1 3 4						
	220 SIGNATURE	1/4	, ,					226.DATE SIGNED	
	10 Bs	sally Dae	cohastky.	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS		SIGNED	
	27c PHYSICIAN'S NAME (Type)			22d. ADDRESS					
		adley Daughart	hy, M. D.	1264 F	rancis A	venue; Bal	to. 27	, Md.	
23	o. BURIAL, CREMAT	1 2 4 4 4	23c NAME OF CEMETERY C			TION (City, town, or	county)	(Stote)	
	Burail	7 6/5/61	Meadowridg	e Cemeter	ry Eli	rkidge, N	Maryla	ind	
24	, FUNERAL DIRECTO		ADDRESS		g REC'D BY REGIS	TRAR 256. REGISTI	RAR'S SIGNAT	FURE	
	Howard H. Hubbard 4107 Wilkens Ave.								

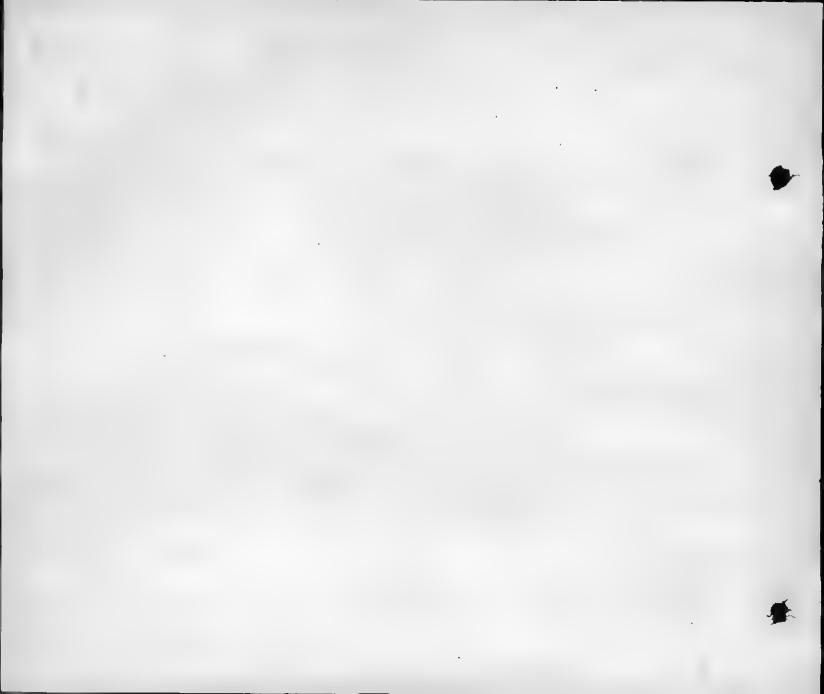
maj retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate las been signed by the attending physician and completely in repage 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 haurs after death. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO HO

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6462 **CERTIFICATE OF DEATH** Reg. Dist. No. 06446 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY **COUNTY** MARYLAND the funeral shauld be fi CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate fimilis, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO Z NAME OF DECEASED Middle 4. DATE OF DEATH (Type or print) 6. COLOR OR-RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH pletely AGE (In years lost birthdoy) IF UNDER 1 YEAR F UNDER 24 MRS Months Haurs WIDOWED 🕰 USHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. 12 CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME Address Carel VAS DECEASED EVER IN U S. ARMED FORCESZ 16. SOCIAL SECURITY NO. INFORMANT yes, cave wor or dates of service 18. CAUSE OF DEATH [Enter only one couse per fine for (a), (b), ord (c)] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO M 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f (City or town) (County) (Slote) Hour factory, street, office bldg., etc.) Q. FII. While Not while of wark at wark p. m. 21. I certify that I attended the deceased from L., that I last saw the deceased and that death occurred at 2:15 At M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE P shoul PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DATE PHEREON 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) MOYAL (Specify) ž 9 FUNERAL DIRECTOR'S SIGNATURE **ADDRES** 240. REED BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57 Children & Thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

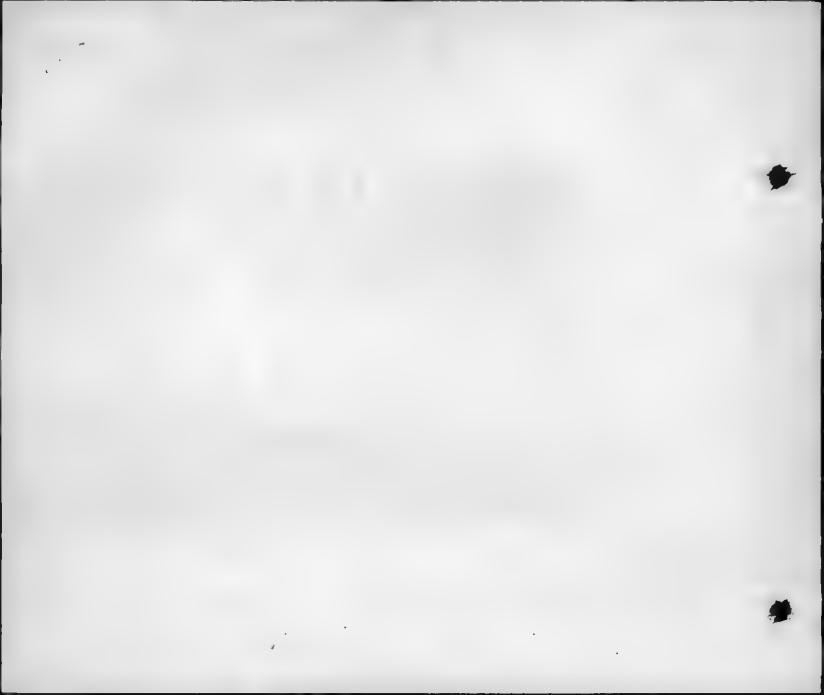
6463 CERTIFICATE OF DEATH

Reg. Dist. NO 6447

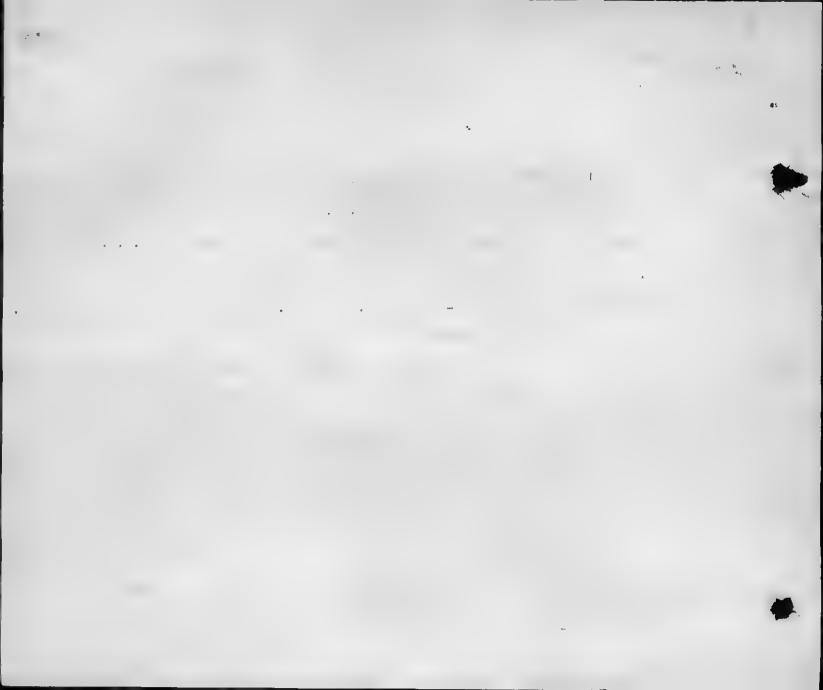
		PLACE OF DEATH		2. USUAL RESIDENCE (Where	e deceased lived. If institution Residen	ce before admission)
	Į '	Ba trance	MARYLAND	Mary hand	b. COUNTY	1.
1)	Ī	b CITY OR TOWN (If outside corporate limits, write SURAL and give nearest town)	c LENGTH OF STAY IN 16		side corporate limits, write RURAL and	give nearest town)
		Cetansille	5 days	Pasadena	12 1.0-	
		d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION)	oddress)	d. STREET ADDRESS	v 1/1	e. IS RESIDENCE
	H	use In The Pines Nursing	4mo	Mountain To	d. Tocobsulto	ON A FARM? YES NO D
	3	NAME OF First	Middle		DATE Manth	Day Year
		(Type or print) Gustavo	W. Eh	Leke, St.	DEATH Seeve	20 1961
	5. 5	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF UNDER last birthday) Manths	
	_/	Male White WIDOWE		283 Nov. 1880	80 11	Doys Hours Man
	10a	USUAL OCCUPATION (Give kind of work dane 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
		Elec. Eng. (tet.) Kan	1505 City Rub. Ser	V. Wayson	Wisconsin 4	15.A.
_	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME p	
Γ		Richard Ehreke		Carolino	6105/81-	
	/15. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. In ro. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO 17. I	NFORMANT	Address	23
		No mm H8	6-075-448A 6	· Wm. Lhreke,	Ir. Dame A.	SAY
		18. CAUSE OF DEATH [Enter only one cause per lin	ie for (a), (b), and (c) }			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rebral Hem	onlage		2 24
		DUE TO	110	. / .		4
		Canditions, if ony, which) (b) Cen	rebrat arter	roschroses		1000.
		gave rise to immediate DUE TO				
		lying couse last. (c)				
	ģ	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PAR	T I(a) 19 WAS AUTOPSY PERFORMED?
	δÃ	Denile deservation	will Cortis	el abroken		YES NO.
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D (Enter noture of injury injury	rl I or Port II of item 38.)	
			Too Bu			
	MEDICAL	Hour o. m. White	Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town) (County) (Stole)
	×	p. m 19 of work	ol work			
		21. I certify that I attended the decease	4	. 19 <i>61</i> , to 6	120/ 196/ that I	last saw the deceased
		alive an 6/20/ 19	and that death	accurred at 1/130 P.	M, from the causes and on t	he date stated above
		ACTUAL TY/ K. G.	1/	AD	DORESS (Street, city or town, state)	DATE SIGNED
1		SIGNATURE LESSELY 1 , Tall	Loger	M.D. 6202/12d1	ench thre	6/20/6/
		PHYSICIAN'S Wilmer K. Gal	Vager	Baltimo	re, 28, Md.	
	220	BURIAL CREMATION, 22b DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY Z	2d LOCATION (City, town, or county)	(Stote)
		Burial 23 - June 61	Chatham (en	fer Rural Com	Chatham, IV.V	>
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/	BY REGISTRAR 24B REGISTRARYS SIG	
	7	1. V. Denglita 6	lem laurnie,	MAIS DATEJUN	26'61 (Inthur &.	Time

in by the funeral director, and 2 should be filed with hours ofter deoth. Page 4 may stained by the haspital ar ottending physician.

O FU: AL DIRECTOR: After this certificate here been signed by the otherwing physician and completely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or remainful only event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within VS A1S (4) 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 1SM 9/S8

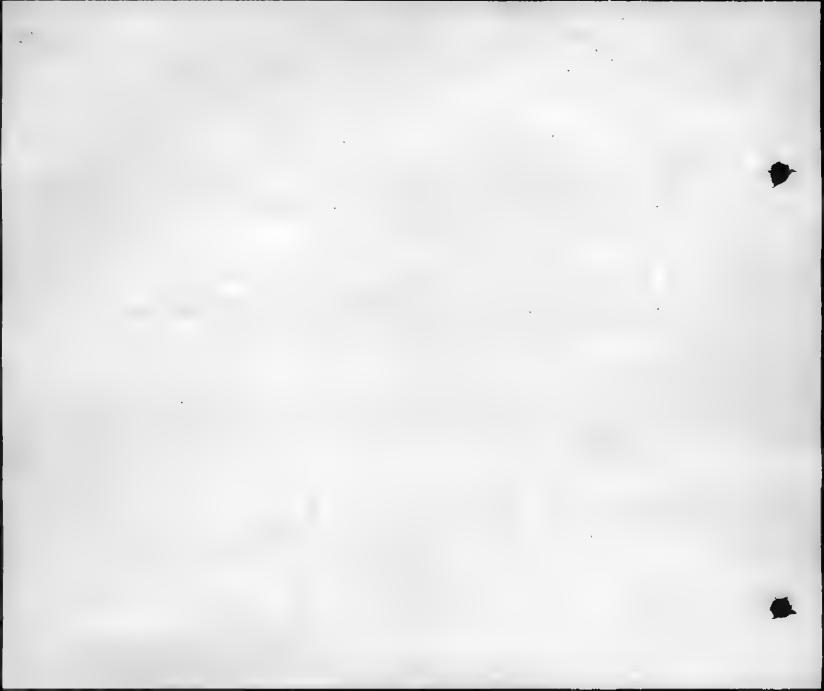
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

F465

CERTIFICATE OF DEATH

Reg. Dist. No. 06449

	o. COUNTY	Baltimore		MARY	11	2. USUAL RESID 0. STATE	`	vland	lived If institut b. COUNTY			imission)
	RURAL and give no	f outside carporate limi earest tawn) mdalk	ts, write	E LENGTH OF STAY I	N 16	c. CITY OR T		utside corpore	ate limits, write	RURAL and gi	ve nearest	tawn)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g 7 Admiral		*		d. STREET A	DDRESS	Blvd.			0	RESIDENCE IN A FARM? S NO 🔏
	B. NAME OF DECEASED (Type or print)	Fire SAR		Middle .TANE		EVANS		4. DATE OF DEATH	Mo	nth	Doy	Year 19 61
1	S. SEX	6. COLOR OR RACE			8.	DATE OF BIRTH	0	-0 5	AGE (In years last birthday)		\rightarrow	JNDER 24 HRS.
	Female	White	WIDOWED	DIVORCED	0 4	PRIL Y	1.18	39	Yrs.		Days Ho	ours Min
	Our USJA: OCCUPATION during most of work At home 3. FATHER'S NAME	ON (Give kind of work of king life, even if retired)	lane 10b. K	IND OF BUSINESS OF	INDUST	Wales	3	or foreign cou	intry)	U.S		IAT COUNTRY?
1						14. MOTHER'S						
ノ	David Ree		CECO III		1 1611		abeth	Davies		1		
- ['		KINUS AKMED FOR (It yes, give wor or dates of s	CESP 16, SC	OCIAL SECURITY NO.	I INI	ORMANT				lress		
	No.	-	<u> </u>		Dr.	Eugene	Evar	ns 1 Li	berty P	kwy-22		
		TH [Enter only one co TH WAS CAUSED 8Y. IMMEDIATE CAUSE (a)		Carba	al	Ile	one	energe .	,		ONSET A	L BETWEEN
	Canditians, if all gave rise to it cause (a), stating	DUE TO	Co.	rebrel	Cam	tein	scle	ous	8 %			
1	lying cause last	(c)	Hyx	revene	~ Co	melio -	1/00	, بیمبر	dian	٠		
	PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	ler significant con	entions co		TH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	PI PI	AS AUTOPSY FREORMED?
		S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY OC	CURRED.	(Enter nature af	injury in I	Part I or Part	II of item 18.)			
	20c. TIME OF INJUR Havr a. m. p. m.	Y Manth, Day, Yea	r 20d. INJ While at wark	Nat white	20e. PLAC facto	E OF INJURY (H	lame, farm bldg., etc.	20f (City	or town)	(C	ounty)	(State)
	21. I certify the alive an	at I attended the	deceased, 19 /	from () ec 161, and that 6) LEBO	death o					nd on the		de deceased ated abave DATE SIGNED
7	BURIAL, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEME					ON (City, town,		7-13	(State)
-			L961	Oak Lawn	Ceme	tery			gate, M			
	3. FUNERAL DIRECTOR'			ADDRESS				D 8Y REGISTR	1	ISTRAR'S SIG		
	Ullrich Fun	eral Home I	umdal	k, Md.			DATEUN	16'61	Cirl	hun S. Th	and the	



			MAR
66	6	G	
DEATH			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 06450

/		PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased	lived. If institu	ution: Residen	ce before	admission)
	٥	Ba.	ltimore		MARYLAND	o. STATE Mary	vland	b. COUNT	Balt	imor	' 0
	ь	. CITY OR TOWN (IF a	outside corparete kmits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ate limits, write	RURAL and	give neare	st town)
		494	ows Point	t	28 vrs.	X Spai	rrows P	nint			
g.	d	. NAME OF HOSPITA	L OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS		<u> </u>		e.	IS RESIDENCE
		708 #	E" Street	ե		1 - 708	"E" St	reet		Y	ON A FARM?
	3. !	NAME OF	fin	rt ,	Middle	Lost	4. DATE OF	Mont	h	Day	Year
		Type or print)	WILFO	ref	Bateman /-Ai	RBANK	DEATH	June	4.		1961
	5 . S	EX	6. COLOR OR RACE	7- MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9.	AGE (in years fast birthday)	IF UNDER 1		UNDER 24 HRS.
		Male	White	WIDOWED	DIVORCED [DEC,7,1	90/	59 yn.	Months D	ays Ho	urs Min.
	10a.	USUAL OCCUPATION	N (Give kind of work a	done 10b. Ki	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	ote ar fareign cour	itry)	12. CITIZI	EN OF W	HAT COUNTRY?
		Foreman		St	eel Mill	Maryla	and		U	SA	
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN					
			ank Fairl			Anni	ie White	эе			
4	15. (Yes.	WAS DECEASED EVEL	R IN U. S. ARMED FOI	RCES? 16. S		IFORMANT		Address			
		no	none	81	3 01 8966 J.	Harry Fa	airbank	, Tilg	hman,	Mar	yland
			H (Enter only one cau	se per litte f		h /				INTERVAL I	D DEATH
		PART I. DEATH WAS CAUSED BY: BY CONTROL OCCUSION ONSETAND GETTING STUDIES								tus	
		4 21	DUE TO		(
		Conditions, if any, which									
		gave rise to immediate couse (a), stating the underlying DUE TO									
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY									
	ICATION	PART II. OTHE	./ /	DITIONS COL		OT RELATED TO THE TER	RMINALDISEASE C	ONDITION GIV	EN IN PART	1(a) 19. V	YAS AUTOPSY ERFORMED?
	Ę.	C A	of Lower							YES	□ NO □
and a	CERTIFI	200. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED. (E	iter nature of injury in F	ort I or Port II of	item 1B.)			
J	WEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. It	JURY OCCURRED 200. PLAC	E OF INJURY (Home, fo	arm, 20f. (City or	town)	(Caun	ity)	(State)
	MEDI	Hour o.m.	19	While at wor	k ol work	ry, street, office bldg., e	BIC.]				
		21. I certify the	at I took charge	of the re	emoins described obo	re, held on Auto	psy , Inst	pection 口;	Inquiry	R7,-0	nd find that
		deoth resulted	rom: Natural	couses 🖺	, Accident , Suic	ide 🔲 , Homici		etermined o			
		()	n Da K	n n	2 4	<u> </u>					
		ACTUAL SIGNATURE	elle	-Ca	ller	M.D. CHIEF MEDICAL	EXAMINER 🔲			D/	TE SIGNED
v		EXAMINER'S	1,	à	10 11.	ASSISTANT MED	ICAL EXAMINER			-4-	1 ,
		NAME (Type)	SACIL	<u></u>	Collins	DEPUTY MEDICA	AL EXAMINER 🔼		٠		6/
		BEMOVAL (Specify)	, 226. DATE THEREO	F :	22c. NAME OF CEMETERY OR			N (City, town,	or county)		Stole)
	-	Burial	6/6/61		Fairbank Co				Mary		
	23.	FUNERAL DIRECTOR'S	SIGNATURE	01	ADDRESS		C'D BY REGISTRA	24b. REGIS	STRAR'S SIGN	ATURE	
	17	Atten	Allen (to	unt	St. Mich	naels, May	IUN 8 '61	J Un	Ilun & f	Laura.	

VS. A15ME(5) 5M 9/55



A	I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	Baltimore MARYLAND	Maryland Baltimore
įΛ	b) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
J	Mutherville d. NAME OF HOSPITAL (If not in hospitol, give street address)	Lutherville d. STREET ADDRESS e. IS RESIDENCE
T.	OR INSTITUTION	ON A FARM?
K	1518 Riderwood- Lutherville Dr.	1518 Riderwood-Luth. Dr. YES NO IX
\	3. NAME OF First Middle	Lost 4. DATE Month Day Yeor
	(Type or print) Harry Eugene Fendla;	DEATH 6 14 1961
/	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min.
	Male White WIDOWED DIVORCED	11-11-1875 85 yrs. Months Doys Hours Min.
	10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	USTRY 11, BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY?
	Blacksmith Penn. Rail Ro	pad Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James B. Febdlay	Mary Dorerr
)		INFORMANT Address
	(Yes, no or unknown) (If yes, give wor or dates of service)	arry F. Fendlay1518 Luth- Riderwood Dr
		INTERVAL BETWEEN
		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. bronchial pneu	monia 12 days
	734X DUE TO	31
	Conditions, if ony, which gove rise to immediate (b) arteriosclerot	ic cerebrovascular disease
	cause (o), stoting the under:	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTIN	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CA	YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in Part I or Part II of item 18.)
	2	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	Hour o.m., While Not while of work of work	ociory, street, ottice blug., erc.)
	21. I certify that (I) (this hospital) attended the deceased from	1256 to 6 / 14 196/ that (1) (Net) last
	saw the deceased alive on	death accurred at M, from the causes and an the date stated above.
	11/1/2 10 1000	M.D. PHYS DIRECTOR PHYS
	22 PHYSICIAN'S A CONTROL OF THE STATE OF THE	M.D. PHYS DIRECTOR PHYS 22d. ADDRESS
	NAME (Type)	11-12 2 TOI Wall-Rd Town File
	Charles F-U DONNEL	MAD 13.01 JOHNSON YIM
	_REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town, or county) (State)
	Burial 6-17-61 St. Josephs	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Brooks Funeral Service Towson 4,	Mary language Jun 20'61 Chillen & House

hours after death. Page 4 in by the funeral director and 2 should be jilled with may Cerained by the hospital or attending physician.

TO FUNERAL DEMECTER: After this certificate Mas been signed by the attending physician and committeely from page 3 shauld be metached far use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within VR A1S (4) 15M 9/59



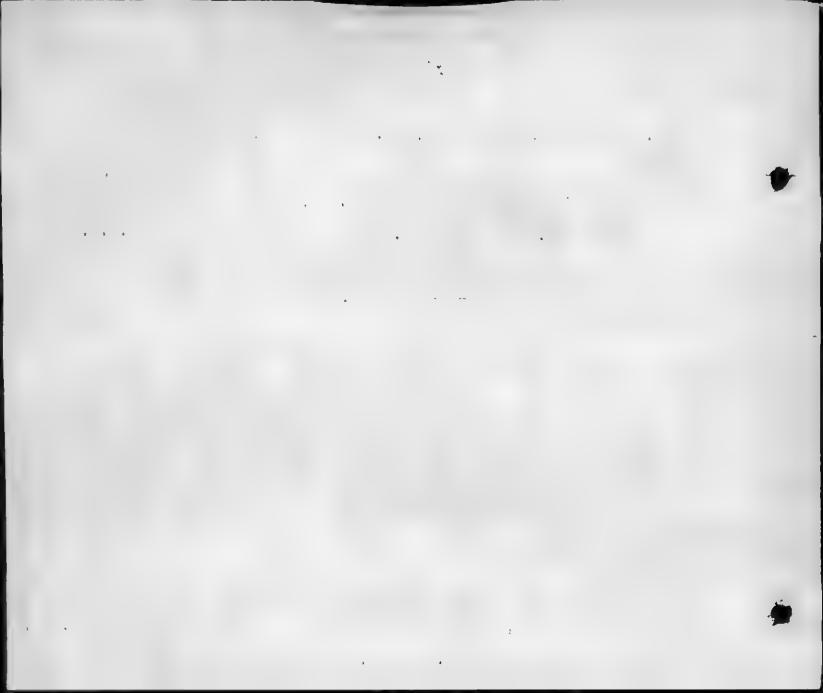
CLAS

Ĕ	1
Vs. A	15ME(5)
5M	9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg

06452

DECARSO (Type or print) Adeline Firm DEAM JUNE 10, 19 61 10, 19 61 15, 5.584 White White White White White White White White White Whow he part of the part o		Reg. Dist. No.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) AND A STREET ADDRESS A COLOR OR RACE 7. MARRIED NOV. 6. 28, 1894 10, 10 100	o. COUNTY To 7 4 4 m p see	
Res . 21 Leeway, Dundalk 22, Md . 22 Leeway 22 Leeway, Dundalk 22, Md . 22 Leeway, Dun	b. CITY OR TOWN (if outside corporate fields, write RURAL and give necessit fewer) Dundalk 5 yr	
DECARSO (Type or print) Adeline Firm DEAM JUNE 10, 19 61 10, 19 61 15, 5.584 White White White White White White White White White Whow he part of the part o	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Resea, 21 Leeway, Dundalk 22, Md.	1 21 Leeway. Dundalk 22. Md/ ON A FARRA
TO BE CAUSE OF DEATH [Enter only one course per light by collisions in medicial course course per light by cover late.) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVEN IN U. S. ARMED PORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT (TWO PLATER) Address (TWO PLATER) ADDRESS OF THE PROPERTY OF THE PRO	(Type or print) Adeline	Fine of June 70 67
13. FATHER'S NAME	Female White widowed X DIVORCED []	Nove. 28, 1894 (66 yrs. Months Doys Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. Cause of Decease of which of work 18. Cause of Decease of which of the property of	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working 1 to PCKg. Ceffalo Co.	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Treatment Trea		
PART I. DEATH WAS CAUSE (8) DUE TO Conditions, if ony, which gave rise to immediate cause (1), stoling the underlying (1), stoling the under		
PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. Time of INJURY Month, Day, Year Hour o. m. p. m. 19 of work of work of work p. m. 19 of work of work of work p. m. 21. I certify that took charge of the remains described abave, held an Autapsy n. Inspection n. Inquiry of and find that death resulted from: Natural causes Accident n. Suicide n. Hamicide n. Undetermined cause n. ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY PERFORMED? YES NO (County) (State) DATE SIGNED 10 - C. 10 - C. 10 - C. 22c. NAME OF CEMETERY OR CREMATORY PERFORMED? ADDRESS 24d. REGISTRAR'S SIGNATURE ADDRESS 24d. REGISTRAR'S SIGNATURE	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	eal weeff. 6 yrs
20c. TIME OF INJURY Hour o. m. 19 20d. INJURY OCCURRED While of work of work of factory, street, office bldg., etc.) 21. I certify that took charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and find that death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE ACTUAL SI	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
21. I certify that—took charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and find that death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE		nter nature of injury in Part I ar Part 11 of item 18.)
death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEP	Hour o, m. While Not while factor	
SIGNATURE EXAMINER'S NAME (Type) TA-LL Collins Signature ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or county) REMOVAL(Specify) Tune 14, 1961 New Cathederal 4300 Old Frederick Rd. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		
220. BURIAL CERMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) RECOVERATION June 14, 1961 New Cathederal 4300 Old Frederick Rd. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE COMPANY ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
REMOVALISACIÓN June 14, 1961 New Cathederal 4300 Old Frederick Rd. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	NAME (Typo)/ 2/+C/C CO///N	3 TOO TO THE TANK THE
and the last use a state of the	Barriani June 14, 1961 New Cath	nederal 4300 Old Frederick Rd. Md.
	The state of the s	



TO TEXPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aftered and the property of the hospital or attending physician.

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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06453

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institutions Resident	nce before edmission)
Baltimore Manyland	a. STATE b. COUNTY	ā
b. CITY OR TOWN (if outside corporate I m'ts, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	1. Total	naeresi town)
Fort Howard 3 Days	Baltimore (7)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	5512 Hutton Avenue	YES NO V
3. NAME OF First Middle DECEASED	Last 4. DATE Month 0e)	y Yaar
(Typa or print) VERNON I.	FINNEGAN DEATH June 23	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR	F UNDER 24 HRS.
Male White WIDOWED DIVORCED	March 23, 1890 71 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)		OF WHAT COUNTRY?
Carpenter Installation Co	. Pikesville, Maryland U.	S. A.
13. FATHER'S NAME	- 14. MOTHER'S MAIDEN NAME	
Thomas Finnegan	Catherine White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyasgiyewarordalesofsarv ce)	INFORMANT Address Linical Records, VA Hospital, Balti	more 18.
12.5 WW T 2.12-01-11.70	Maryland.Fort Howa	rd Division
18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), end (c)) PART I. DEATH WAS CAUSED BY:		NTERVAL BETWEEN
IMMEDIATE CAJSE (a) CARCINOMATOSIS	U	INKNOMN
/ 8 / O DUE TO		
Conditions, feny, which) (b) CARCINOMA OF BLA	DDER . 3	YEARS
gave rise to immediate cause DUE TO		
causa last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	timor	YES NO
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR	(ED. (Enter natura of injury in Part I or Part II of item 18.)	
Operation 1958, Fulguration of bladder 2006. Accident was underlying 1 206. Describe how injury occur or contracting contracti		
6	PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) actory, street, office bldg., etc.)	(State)
Hour e.m. While Not While p.m. 19 at work at work	1	
21. I certify that (X (this hospital) attended the deceased from	June 20 , 1961, 10 June 23 , 1961,	
saw the deceased alive on June 23 1961, and the	at death occured at AM, from the causes and on the	date stated above.
226. SIGNATURE		22b. DATE
Hotel Craham	M.D. PHYS. DIRECTOR PHYS.	6/23/61
22c. PHYSICIAN'S	22d. ADDRESS	
THOMAS F. CRAHAN M	L.D. VAH, BALTIMORE 18, MARYLAND, FT. H	OWARD DIV.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		(State)
Burial June 26/96/ Iorraine Ce	metery Baltimore Co., Mary	rland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNA	ATURE
G. Truman Schwab, 3512 Frederick Ave. Bal	to Md DATE JUN 2 6 '61 Gilling S. to	naud.
is regulated septiment sole negation of avolution	(1.6 1 - MIC 1 -)	



CERTIFICATE OF DEATH 60011 Reg. Dist. Md. 5 45 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived all institution: Residence before admissign) a. COUNTY o. STATE COUNTY MARYLAND ero b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, give nearest /fbwn) þe RURAL and give netitest town) the fune d. NAME OF HOSPITAL (If not in hospital, give street address) d. STRE₽ e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES NO puo ≘. 4. DATE OF DEATH NAME OF First Middle Month Day Yeor DECEASED 1961 (Type or print) 6/ COLOR OR BACE S. SEX 7. MARRIED TO NEVER MARRIED 9 AGE In years lost birthdov) IF UNDER 1 YEAR IF UNDER 24 HRS. Months ē DIVORCED [WIDOWED [YES. 10a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPDACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of warking life, even if retired) puo carban offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 6 physicia 72 hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMAN Address 16 SOCIAL SECURITY NO 00 tending 80 VS INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), one) (c). ONSET AND DEATH D. PART I. DEATH WAS CAUSED BY: ŧ IMMEDIATE CAUSE (o) DUE TO Š Conditions, if ony, which (b) gned gave rise to immediate DUE TO couse (a), stating the underphysician. lying couse lost. been si burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? pas YES NO TO attending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or lown) Doy. Year 20d. INJURY OCCURRED (County) (Stote): foctory, street, office bldg, etc.) MEDI d. m. While Not while of work of work 21. | certify that | attended the deceased from 192/ that I last saw the deceased and that death occurred at 1 458 alive on M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE þe prior should PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 226 DATE THEREOF 22d-LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY TO FUN abod REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) DATE UN 1 5 '61 Orthon & trave 15M 9/58

certificate

death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If Institution; Residence before edmission) a. COUNTY e. STATE b. COUNTY Baltimore MARYLAND E. CITY OR TOWN (If outside corporete l'mits, write RURAL and give neerest town) death. and b. CITY OR TOWN (if outs'de corporete limits. c. LENGTH OF STAY IN 16 à write RURAL end give nearest (own) .E T Ruxton Life Pages Ruxton filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Ruxton Rd. Ruxton Rd 3. NAME OF DATE Midd e DECEASED OF (Type or print) DEATH within Charles Fisher Com carbon 16. COLOR OR RACE TO MARRIED NEVER MARRIED 5. SEX Sest birthdey) 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR and Months WIDOWED I physician 10e. USUAL OCCUPATION (G'va k'nd of work 12. CIT ZEN OF WHAT COUNTRY? remove 1Db. K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland Broker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding ple Frances Virginia Poor Frank Fisher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 17 INFORMANT Address (Yes, no, or unkown) | (Ifyesg:vawarordalesofservice) Mrs. Nannie H. Fisher 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY Terminal Pneumonia (Lobar) IMMED, ATE CAUSE (a) Pulmonary oedema burial-fransit DUE TO Arteriorsclerosic heart disease with auricular Conditions, if any, which peen fibrillation gave rise to immediate cause DUE TO (a), stating the undarlying Severe generalized arteriorsolerosis, oerebral has certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 99. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) TOR: After this ce is be detached for a 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form ' 20f. (City or fown) Month, Day, Yeer While Not While factory, street, office bldg., elc.) Hour a.m. may be retained DIRECTOR: 43 should be detailed at work at work 21. | certify that (I) (this hospital) attended the deceased from Jan 1950 ... 19. , to death 19.61 that (I) (we) last 22a, SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) B. H. Rutledge, M. 18 -E .- Eager Street 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C'ty, lown or county) REMOVAL (Specify) å å

Greenmount

ADDRESS

H.W. Jenkins & Sons Co. 4905 York Rd. Balto DATE

e. IS RESIDENCE ON A FARM?

YES NOTE

1961

IF UNDER 24 HRS.

Hours

Above

1 waak

15 years

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

PERFORMED? NO T

22b. DATE

(State)

6/19/61

arthur S. Kraus

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SIGNED

USA

O VR A15 (4) 15M 9/60

Burisl

24 FUNERAL DIRECTOR'S SIGNATURE

attending



LAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) MERVIAND b. SHY OR TOWN (if outs de corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corpolate limits, Write RURAL ve peerest town) IS RESIDENCE ON A FARM YES NO J. NAME O Middle DATE Yeer DECEASED OF (Type or print) DEATH SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. appointhdey) Months Hours WIDOWED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY (County & State, or foreign country) done during mass of working life, even if retired) ARMED FORCES? (Yes, no, or unknwn) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per ine for 10), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: AMEDIATE CAUSE (e) DUE TO Conditions, if eny which geve rise to 'mmedie - cause DJE TO (a), stating the und rlying PART H. OTHER'S GNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO BE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY

PERFORMED?

PERFORMED? CERTIFICATION NO T 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Statu) factory, street, office bldg., etc.) While Not While Hour a.m. st work at work 1, 19....., that (I) (₩••) last 21. I certify that (I) (this hospital) aftended the deceased from......, and that death occur from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE ATTENDING SIGNED **STAFF** PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c, PHYSICIAN'S NAME [Type] 23d. LOCATION (City, town or county 23a. SURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY EMOVAL Specify 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Circling S. Fines

22 physician attending I Then please oval 0 VR A15 (4) 15M 9/60

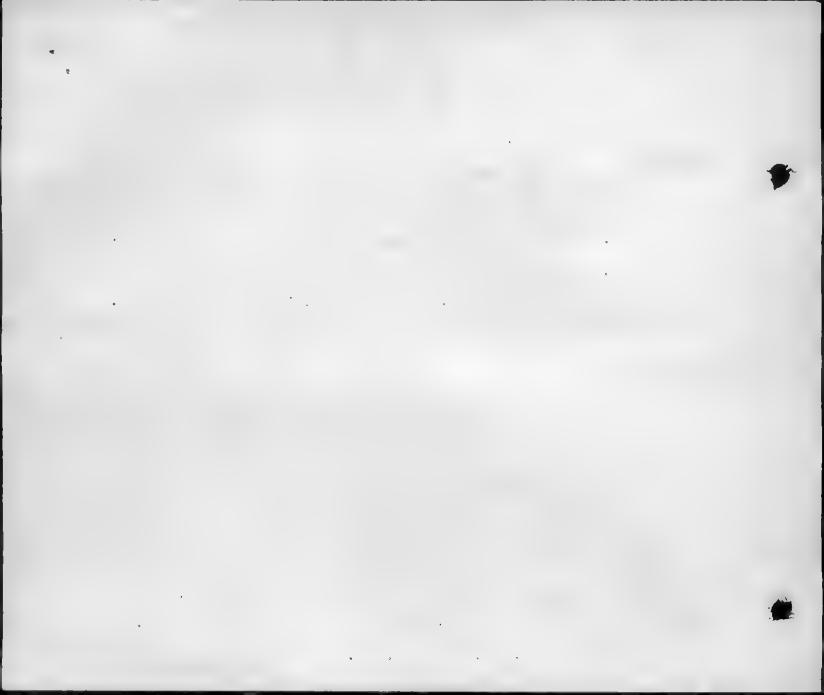


06457

Jhaurs after death. Page 4 in by the funeral director, I and 2 shauld be filed with M TO H TAL DR ATTENDING THE COMPLETE.

TO FIG. RAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs affect death.

- 2 4 2	00.20				
PLACE OF DEATH o. COUNTY MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) d. STATE Maryland b. COUNTY Baltimore				
Baltimore MARYLAN	<i>J</i>				
b CITY OR TOWN (If autside corporate timits, write RURAL and give nearest tawn)					
Butler life	Butler				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
Falls Rd.	Falls Rd.				
NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) WILLIAM ARTHUR FOWBLE,	SR. OF DEATH 6-2-61 19				
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	get birthday) Mantha Day Mantha Mantha Day Mantha Mantha Day Mantha Mantha Day Mantha Manth				
male white widowed Divorced	1-31-1894 67 yrs Manths Days Hours Min				
0a. USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
during most of working life, even if retired) self empl. sales real estat	e Maryland U.S.A.				
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Lewis M. Fowble	Susie Frank				
	, INFORMANT Address				
(Yes, no. or unknown) (If yes give wor or dates of service)	Grace A. Fowble, Butler, Md.				
	7)				
18. CAUSE OF DEATH [Enter only one cause per hno-fail(a), (b) and (c).] PART I DEATH WAS CAUSED BY:	NYTERVAL BETWEEN DNSET AND DEATH				
IMMEDIATE CAUSE (0)	now of amount 18 month				
199 DUE TO	zeclta (
Canditians, if day, which) (b)					
gave rise to immediate cause (a), stating the under-					
lying cause last.					
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
	PERFORMED? YES NO PT				
20g. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter noture of injury in Port I or Port II of item 18.)				
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
21	PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) factory, street, office bldg., etc.)				
Hour a.m. While Not while p. m. 19 of wark of work	Totally, since diag., etc.)				
	mff-10-6,99 10 to 6-2-19/ that (1) (we) last				
21. I certify that (I) (this haspital) attended the deceased from					
saw the deceased alive an	t death accurred at AM, from the causes and on the date stated above				
25 SOUNTER STATE OF THE STATE O	ATTENDING MED STAFF SIGNED				
22c PHYSICIAN'S					
NAME (Type)	22d, ADDRESS				
11 Jan 60 . Hattel	It leisters to MM / xld				
30 BUR A., CREMAT ON, 236 DATE THEREOF 230 NAME OF CEMETER					
Burial 6-5-61 Black Roc	Butler, Md.				
4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D 8Y REGISTRAR 256 REGISTRAR'S SIGNATURE				
Brooks Funeral Service, Towson4,	Md. DATE JUN 8 '61 Circling S. Kines				



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

064

CERTIFICATE	OF DEATH	06458 _
1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If inst	itution: Residence before admiss on)
Baltimore Manyland	a. STATE b. COUNTY	. /
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN H outside corporate limits, write RI	JRAL and give nearest lown)
write RURAL end give neerest town) Fort Howard 25 days	Baltimore 3	State j
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
Veterans Administration Hospital	248 S. Duncan Street -	ON A FARM?
3. NAME OF First Middle	Last 4, DATE Month	Day Year
(Type or print) CHRISTOPHER J.	FRIEL OF DEATH June	3 19 61
	8. DATE OF BIRTH 9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	April 1. 1897 last birthdey) M	lonths Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI		12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Baltimore, Maryland	U.S.A.
Cook U.S. Army	14. MOTHER'S MAIDEN NAME	
unknown	unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANTO 2 2 2 11 2 Address at	T 2000 T- 1 D
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewarordalesofservice)		
Yes WW-1 BOW B	levard, Balto 18, Md. FORT F	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	TOTAL PROPERTY TOTAL PROPERTY.	ONSET AND DEATH
	ICHA, LEFT PHARYNX	1 Year —
DUE TO		
Conditions, if a which gove rise to immediate cause		
(a), stating the undarlying DUE TO		
couse lest. (c)	OT SELECTED TO THE TERMINA DISEASE COMPLETON CIVEN	AND DADE I/-) 10 WAS ALL TORSY
PART II OTHER SIGNIFICANT COND. TIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING L. 20b. DESCRIBE HOW NIJRY OCCURET OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
<u> </u>		YES NOX
200. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW NIJRY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH	D. (Enter nature of in cry in Perl or Pert II of Item 18.)	
	ACE OF INJURY (Home, farm, 201. (City or town) story, street, office bldg., etc.)	(County) (Stete)
21. I certify that A (this hospital) attended the deceased from	May 9 1261 10 June 3	, 1961, that (1) (we) last
saw the deceased alive on June. 3	t death occured at	nd on the date stated above
226. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
Hormon 1. Truca	M.D PHYS. DIRECTOR PHYS.	6/3/61
22c. PHYSICIAN 5 NAME (Type)	72d. ADDRESS	
NORMAN JONES, M.D.	VAH Fort Howard, Maryland	i
230. BUR AL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown	or county) (State)
REMOVAL (Specify) 6-7-6/ BALTIMOR	Z NATIONAL Baltimore	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE 6009 Harford itoa	25e. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
Wm. Cook-Blight, Inc. Baltimore, Mary		un S. Kraus

TO INTERIOR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised within 24 hours after death of the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours align death.



CERTIFICATE OF DEATH £475 de Page 4 may be retained by the hospital or attending physician.

OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. sted within 24 hours after PLACE OF DEATH II 2 HOUST RESIDENCE (Where decreased invest it institution, Perioden. OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex SPITAL 요 한 다 등 요 VR AI5 (4) 15M 9/60

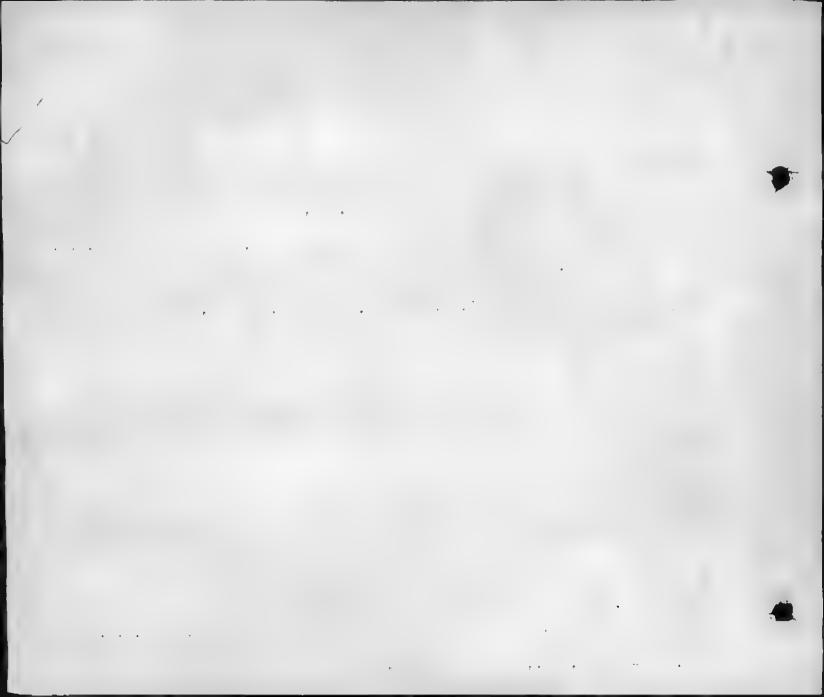
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

06459

1	•. COUNTY Baltimore	MARYLAND	a. STATE Md.	b. COUNT	Balto.
ı	b. CITY OR TOWN (if outside corporate (imits,	c. LENGTH OF STAY IN 16			RURAL and give neerest town)
ĺ	write RURAL and give nearest lown) Reisterstown		Reisters	town X	
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spriet, give street address)	d STREET ADDRESS		a. IS RESIDENCE
ı	458 Main Street		458 Main Sta	reet	ON A FARM?
ı	3. NAME OF First	Middla		, DATE Month	Day Year
ı	(Type or print) Charles	R.	Fuas	or death June	8, 19 61
ı	5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 1 8	PATE OF BIRTH	9. AGE (In years	
ı	Male White WIDOWN		eb. 28.1894	(ast birthday)	Months Days Hours Min.
ı	10a. USUAL OCCUPATION (Give kind of work 10b. K	CIND OF BUSINESS OR INDUSTRY		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
ı	done during most of working life, even if retired) Retired Builder		Maryla	and	USA
ı	13. FATHER'S NAME	1.	MOTHER'S MAIDEN NA		
١	Albert Fuss		Margai	cet Woods	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yas, no, or unkown) (Ifyesgivewar ordatas of sarvice)	SOCIAL SECURITY NO. 17. INT		Address	
ĺ	Yes WWL 21	5-01-4688 A Mrs.	Edith E. Fu	uss Reistersto	own. Md.
ì	18. CAUSE OF DEATH [Enter only one cause par				INTERVAL BETWEEN
I	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COTO	nary Occlusion			2 hrs.
ĺ	1201 DUE TO				
ı	Conditions, if eny, which (b)				
	gave rise to immediate cause (a), stating the underlying DUE TO				
	cause lest.				
1	PART II. OTHER S GNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT F	RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ĺ	Hypertensive C-V Disc OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER.	ease			YES NO N
ı	200. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Par	t I or Pert II of Item 18.)	
1	1 10116 101	ne			
ı	3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 200 PLACE	Of INJURY (Homa, farm,	20f. (City or town)	(County) (State)
ı	Hour s.m. None 19 at wo	a "- Land Aktuma "	, sucost ource page, a con		
ı	21. I certify that (i) (Mix Mix pixel) atten	ided the deceased from 6	- 12 - 45, 19	, ю 6-8-61	, 19, that (I) (M/M) las
	saw the deceased alive on5-11-6	119 and that d	eath occured at 1:3	QR, from the causes a	and on the date stated above
	228 SIGNATURE		ATTENDING MED		22b. DATE SIGNE
	2.2. Eaglis	M.D	PHYS. 2 DIR	ECTOR PHYS.	6-9-61
	22c. PHYSICIAN'S NAME (Type) D. D. Conloc.		22d. ADDRESS	Pla M MPs. P	
	NAME (Type) D. D. Caples, A	1. D.	b Hanover	Rd., Reisters	town, Maryland
	236. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, tow	
	Burial June 10, 196	1 Druid Ridge C	emetery	Pikesvill	e Md.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE
	J. F. Eline & Sons Reis	terstown. Md.	DATE ISPAI	19'61	Han & House



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 0646	0
HEALTH DEPT.	PLACE OF DEATH O. COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased fived If institution Residence before admission) O STATE Maryland b. COUNTY	
Files. Health,	b. CITY OR TOWN (If outside corporale limits, write RUPAL and give nearest town) and give nearest family nearest family	
of ectors	Baltimore 6 3/0/-	4
Boon of the Boon o	CHE GIZULE PLIS - 11 MAPLE AVE 5521 Ritter Avenue 15 RESIDE ON A FAR	M2_
Start Start	3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF	-
4 4	(Type or print) George R George DEATH June 27 19 6	
S. S	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years foot berifiday) 15 UNDER 1YEAR IF UNDER 24 15 UNDER 1YEAR 15 15 UNDER	185
and 2 nd 2 hd 2 72 hd 2	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUN during most of working life, even if retired)	TRY
4 - 4	Maintenance Apt. Bldg Baltimore, Maryland U.S.A.	-
Poges on PM3.	13. FATHER'S NAME John L. George 14. MOTHER'S MAIDEN NAME Elizabeth Hare	
Sive form	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Zon	9
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	no 216-09-6600 Mrs. Maudie P. George, 5521 Ritter Avenue	3
ttem I along it peru	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A - 5 - C - V & LACCE IMMEDIATE CAUSE (a)	
fice fice ovol	Tolde DUE TO	
in pending a serial a pending a pend	Conditions, if ony, which (b) gave rise to immediate course (a), stating the underlying course tast. (c)	
of Examination	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED. YES 1 NO	2
Medica d be at	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Hom 18)	1-
hour bor		le)
4 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20c. TIME OF INJURY Month, Day, Year 20d. Injury OCCURRED 20c. PLACE OF INJURY (Home, form, 20r. ICity or lawn) (County) (Slown) to m. White Not white factory, street, affice bldg., etc.) P. m. 19 of work of work	
Page Price	21. I certify that I took charge of the remains described obove, held an Autopsy . Inspection I Inquiry ond in	my
DR: Gent,	opinion death resulted from: Natural causes [7]. Accident [7], Suicide [7], Homicide [7], Undetermined manner [7]	
orword or the distance of the	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER []	
the critical the c	EXAMINER'S MBDAUS MD ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER B	
5.5	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote)	
2 4 5 9	BURTAL Pecity 6-30-61 Meadowridge Cemetery Elkridge, Md. R.F.D.	_
'S. A15ME \\ \'\ \'\ \'\ \'\	23 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook-Towson, nc., 1050 York Road, Towson DATE 246 REC'D BY REGISTRAR'S SIGNATURE Only 161 Only 1. Frank	
BM 2/57	Wm. Cook-Towson, nc., 1050 York Road, Towson DATE 3 67 Cathy S. Haus	



LARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (it outside corporate femilis, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ONSVILLE INSTITUTION (if not in hospital, give street address) KOLLINE BROOK NAME OF DECEASED OF DEATH (Type or print) 9. AGE (In years | IF JNDER 1 YEAR last birthdey) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY physician done during most of working life, even if retires U.S.A. 13. FATHER'S NAME please (Yes, no, or unknown) (Hyesgivewerordelesolserv.ce) aftending Then KATIE GETZ 238 Rollingbeoole WAY the 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, term, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Not While While at work at work 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. PHI STEIAN'S 22d. ADDRESS NAME (Type) 1709 REMOVAL (Specify) 0 VR A15 (4) DATE JUN 2 2 '61 15M 9/60

e. IS RESIDENCE

YES NO X

1967

IF JNDER 24 HRS.

PERFORMED? NO

(State)

22b. DATE

SIGNED

ON A FARM?



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH

	6473	CERTIFICATE	OF DEATH		06462
1	PLACE OF DEATH o. COUNTY 3 327 MCRF b CITY OR TOWN (If outside corporate limits, write c. LENG		· STATE MY RY	-FAT 6. COUN	tution Residence before admission) NTY Te RURAL and give nearest lown)
-	RURAL and give nearest town) CCCAEFS LILLE d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION MASONIC HOME	3/2.740	d. STREET ADDRESS 4363 58	THE AL	e IS RESIDENCE ON A FARM? YES NO IN
3	NAME OF DECEASED (Type or print) E L, ZA TETH		BAS	OF DEATH TOA	
	SEX 6. COLOR OR RACE 7 MARRIED NI WIDOWED	DIVORCED/	.8-1868	lost birthdo	rrs.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FATHER'S NAME		111. BIRTHPLACE (Store of Party A. MOTHER'S MAIDEN NA	. AND	12. CITIZEN OF WHAT COUNTRY U • \$\leqsep\$,
	A UGUST HAINZE WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SI		MA	RIE SHE	E/R.
Y	es, no or unknown] N C If yes, give war or dates of service) N C \(\Lambda \)	/ Li	Flace !	K. In the	1. Cochegantle
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. CAUSE OF DEATH [Enter anly one couse per line for (a)] DUE TO (b) DUE TO Lying couse lost.	Lecelor	bitis Co	uitis 1	INJÉRVAL BETWÉEN ONSET AND DEATH
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			NAL DISEASE CONDITION art I or Port II of item 18.)	PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC Hour a. m.	CURRED 20e PLACE factory	OF INJURY (Home, farm, ,, street, office bldg., etc.	20f. (City or town)	(County) (Stot
	21 I certify that (I) (this haspital) attended the saw the deceased alive an 19.220 SIGNATURE FALL 1. C. 220 PHYSICIAN'S NAME (Type) 111 ALTER 7.	and that deal	th accurred at 820	20	and on the date stated above
23	REMOVAL (Specify)	ME OF CEMETERY OR CE	REMATORY Dmetery	23d LOCATION (City, tow	, , , , , , , , , , , , , , , , , , , ,
		PRESS		BY REGISTRAR 255. R	EGISTRAR'S SIGNATURE

DATEJUN 5

hours after deoth. Page 4 in by the funeral director, and 2 should be filed with may tertained by the haspital or attending physician. **D. FUN. A.A. DIRECTOR:** After this certificate has been signed by the attending physician and completely fire page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. AL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within TO FUR VR A15 (4) 15M 9/59

edinte

..ours after death. Page 4

by the funeral director, should be filed with

06463

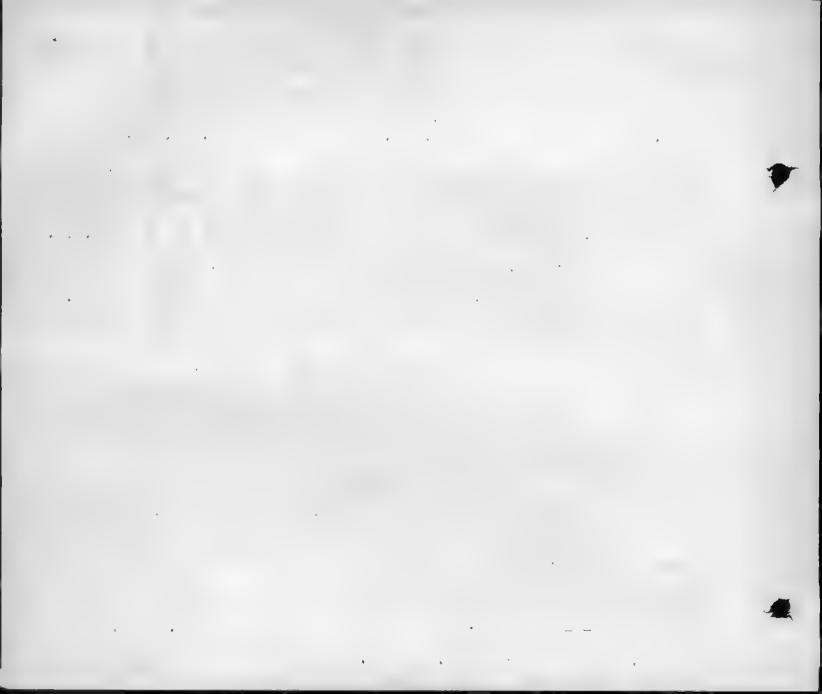
1 PLACE OF DEATH G. COUNTY BALTIMARE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) = STATE R Y A b. COUNTY A C
b. CITY OR TOWN (If outside corporole limits, write RURAL and give negrest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MADDIATT	, d. STREET ADDRESS a is residence on a farm? YES \(\) NO \(\)
3. NAME OF First Middle	Last 4. DATE Mosth / Day Year
(Type or print) HOWARD GORPON	N GRAHAM DEATH 6 19 196)
S SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (in years left UNDER 1 YEAR IF UNDER 24 HR) lost birthday) Months Doys Hours Min
100 USLAL OCCUPATION (Give kind of work dane 106, KIND OF BUSINESS OR INDIVIOUS for Common of The Co	MARYLAND VISA-
13. FATHER'S NAME ROBERT G-RAHAM	ROSALIE SARMARER
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 IN (1983, no. or unknown) (If yes, give wor or dates of service) 218-03-4965 HA &	VIFTE MRS. LILLAN BERHAM - 2AME.
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	THROMBOSIS-185 FINITY PARTIE
1-11 DUE TO CAN'S CONTURE	1.1100 ENVIOLE 27/800
Conditions, if ony, which gove rise to immediate (b)	MENIET FAILURE FICHTS
cause (a), stating the under-	
lying cause last. (c) [c]	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
	PERFORMED? YES NO
· ·	D. (Enter nature of injury in Part I or Part II of item 18)
	ACE OF INJURY (Home, form 20f. (City or town) (County) (Statistics, etc.)
p. m. 19 at work of work	
21. I certify that (1) (this hospital) attended the deceased from	
sow the deceosed alive on	death accurred at 230 Mr from the couses and an the date stated above
Edur Hulport	M D ATTENDING MED. STAFF DIRECTOR PHYS D 6196/SIGNE
22c PHYSICIAN'S NAME (Type) EDWIN L. PIERPONT, M.	D. 8204 + BERTYRA, BALTO 7, Md
230. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY O	(2.7)
Buri21 6-22-61 Druid Ridge	Cemetery Pikesville, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	25d. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1 my seckner sond 10allo 17)	1/Ca . DATE JUN 21 '61 Outloor of through

that the death certificate be executed

VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH 6481 DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE Where deceased lived. If institution Residence before odmission a. COUNTY o STATE b. COUNTY MARYLAND b. CITY OR TOWN [If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) en 11000 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? 25 YES NO S NAME OF First 4. DATE Month (Type or print) DEATH CINS 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years completely last birthdoy) Manths Days DIVORCED [7] WIDOWED [yrs papers. BIRTHPLACE (State_or fareign country) 12 CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND QF BUSINESS OR INDUSTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ONSET_AND DEATH 1 ALNUTRITION PART I. DEATH WAS CAUSED BY. 4125 IMMEDIATE CAUSE (o) **DUE TO** (MICROCEPHALY Canditions, if any, which gave rise to immediate DUE TO CONGENITAL MALFORMATION OF BRAIN cause (o), stoting the underuns lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a m. While Nat while ot wark at work p. m 21. I certify that (I) (this haspital) attended the deceased fram._ 6/ and that death accurred at the M, fram the causes and an the date stated above saw the deceased drive on DIRECTOR: 22a SIGNATURE SIGNED ATTENDING PHYS. M.D DIRECTOR PHYS 22c PHYSICIAMS 22d ADDRESS NAME (Type) 23b DATE THEREOF 230 BURIAL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) ADDRESS 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S S GNATURE Corthur S. Krund 15M 9/59



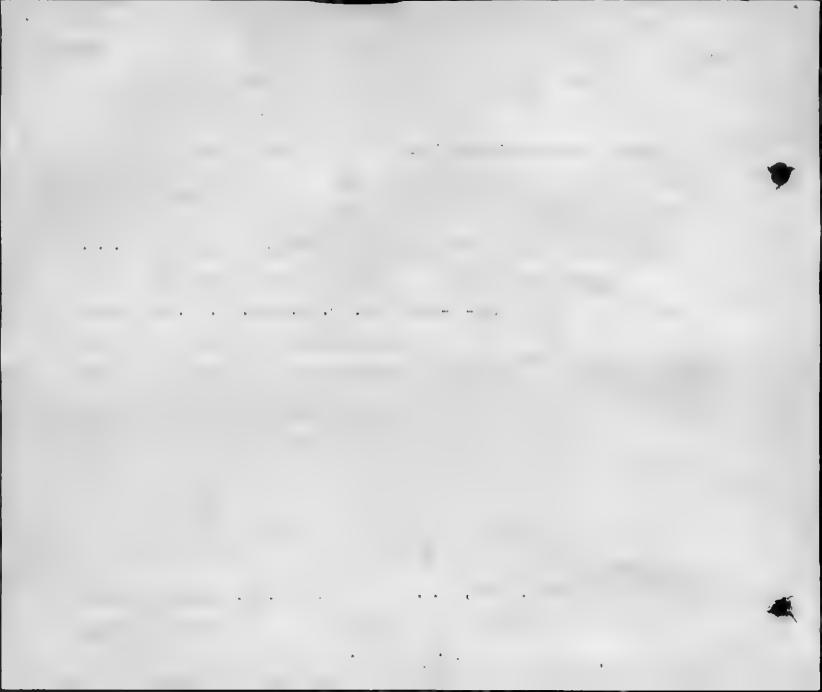
VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

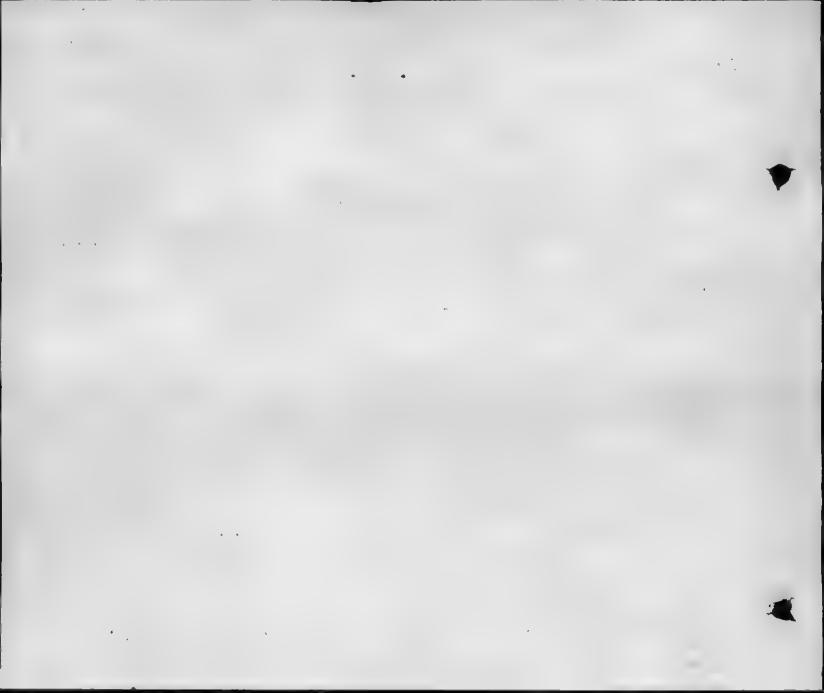
	64	82		CERTIF	ICA	TE OF DE	ATH				064	66
	PLACE OF DEATH					2. USUAL RESIDE	NCE (Where o	deceased liv	ed. If institution	on: Residence	before adn	nission)
	Paltimore			MARY	LAND	0. 31AIL	40		B. COUNIT	-1524	170	
	b. CITY OR TOWN (RURAL and give ri	lf outside corporate lim earest lawn)	its, write	LENGTH OF STAY	IN 16	CITY OR TO			limits, write R	URAL ond gi	_	
	lit. Wlson	, Maryland					4LTIM	OBF			31-1	
	d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospital,	give street od	dress)		d. STREET ADD		784.	C-		ON	RESIDENCE I A FARM?
		<u> State Hos</u>				1230) L		YES	□ NO XI
	NAME OF		rst 1 It//	Middle	. 0	H GRE		DATE OF	Mon	th	Doy	Year
	(Type or print)	IRV		KAND			25 1	DEATH	6	IF UNDER 1	16	1961
5.	SEX	- 1 · ·		DINEVER MARRIE		3 - 2)	- 0 0	ľí	AGE (In years last birthday)		Days Hou	
10	VIA LE	WHITE ON (Give kind of work	WIDOWED	ĻOI .				reign count	7 prs.	12 CITIZ	EN OF WHA	T COUNTRY?
"	during most of wor	king life, even if retired	done rob. ki	- Dusiness O		M	(3.0.0 0)		*71		1.5.7	
13.	FATHER'S NAME	AN				14. MOTHER'S M	AIDEN NAME				<u> </u>	
		IN R.	GREE	N		CHRI	THE	F	BRO	WN		
15	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. 50		17 IN	FORMANT	3 1 1 1 2		Adde	ess		
I Ye	es, no, or unknown)	(If yes, give war or dates of	21	7-01-513	4 H	ospital Re	ecords	. 75t.	Wilson	State	Hoca	1+07
		ATH [Enter only one c	ause per line	for (a), (b), and (c).								BETWEEN
	PART I. DEA	TH WAS CAUSED BY	MET	PATTALET	ir	(GENER)	ALIZET	()			ONSE! A!	ND DEATH
	1771	DUE TO			-3							
	Conditions if a		CA	RCINOMA		OF PI	ROSTA	TE			2 ye	ars
	gove rise to i couse (a), stating	mmediate (DIST	,								/	
	lying couse lost. (c)											
0	PART II. OTI	HER SIGNIFICANT CO	4		ATH BUT	NOT RELATED TO T	HETERMINAL	DISEASE CO	ONDITION GIV	EN IN PART	1(0) 19 WA PER	S AUTOPSY
SAT	017 X		ONA			CATOLA "	SENI	LITY	r		YES	□ NO X
CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OF	CCURRED). (Enler nature of i	njury in Part I	or Part II	of item 18.)			
I V		RY Month, Day, Yo		URY OCCURRED	20e PLA	CE OF INJURY (Ho lary, street, office b	me form, 20	Of. (City or	town)	{Cc	onty)	(Stote)
MEDIC	Hour a.m. p.m.	19	Wh'le of work	Not while	,	-	-					
	21. I certify the	ot (I) (this hospite	il) attende	d the deceased	from	12- 1	1960	, to_6	-16	, 19_6_	that (I	(we) lost
	sow the decea	sed alive on	1.17	19.61 and	that d	eath occurred	of 2. M.	from the	e couses an	d on the	date stat	ed above
	22a. SIGNATURE					ATTENDING	MED.		STAFF			225 DATE SIGNED
		Mircom	4		A	ATTENDING PHYS	□ DIRECT	OR 🗆 🗆	PHYS 🗆			
	22c PHYSICIAN'S NAME (Type)	3.6 10	~	* 1 3	,	22d. ADDRESS			** * 1	7 5/10	* * * **	7.5
		coner, M.D.		rintenden					Hospit			
23	REMOVAL (Specify		OF	23c NAME OF CEME	L M	CREMATORY	P 133d	COCATION	N (City, town,	or county)	(5	fote)
20	SURIAL PLANTED FUNERAL DIRECTOR	S SIGNATURE		Monetone ADDRESS	0/1/	umolial	5a REC'D BY	PEGUTPAG	25h REGIL	STRAR'S SIG	NATURE	
1	7 + 13	2 72	1- 20	10 P. 0	110	_	DATEJUN 2			Lun J. H		
1	LUCLUTU 4	- NUTLOUW	000	0/10canc	V U	00	WINDS ALL IN	- v -	0.00		- Parents	



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission I. PLACE OF DEATH a. COUNTY **b.** COUNTY Maryland by the MARYLAND b. CITY OR TOWN (if outs de corporate limits, ELENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give r ρχ write RURAL and give nearest town) Days d. STREET ADDRESS .E T Fort Howard filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO NO Veterans Administration Hospital 1000 Warner Street 9 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH 19 NMI) GREEN JUNE 11 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED ! DIVORCED [Colored Male physician 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore.gn country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION [G.va kind of work done during most of working life, even if retired) U.S.A. Ellaville, Georgia Laborer Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Burden Goad Green Katie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Then moval, (Yas, no, or unkown) (Ifyesgive war or dates of service) 255-26-7205 Clin. Rec. VAH. Balto. Md. Ft. Howard Division 計 WW I 18. CAUSE OF DEATH [Enter only one cause per line for (a, (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MINUTES RUPTURED ESOPHAGEAL VARIGES IMMEDIATE CAUSE (a) signed burral-trans.t EDE XX Conditions, if any, which LAENNEC'S CIRRHOSIS has been gava rise to immediate cause DUE TO (a), stating the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? YY NO -20b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of injury in Part . or Part II of item 18.) 20a ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH HE EITHER, NOTHEY MEDICAL EXAMINER tached After 20d. INJURY OCCURRED; 20s. PLACE OF INJURY , Home, farm, 1 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work may be retain DIRECTOR: 21. I certify that ((this hospital) attended the deceased from... March ... 14....., 1961, to.June .11......, 19.61 that () (we) last 22a. SIGNATURE ATTENDING STAFF D.RECTOR PHYS. PHYS. 22d ADDRESS J. CILLO, M.D. VAH, BALTO. MD. FORT HOWARD DIVISION director, be filed > 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore National 0 Baltimore. Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Arlington S. Phillips Baltimor, Maryland DATE JUN 1 4 '61 anthur S. Kraus 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admiss.on) e. COUNTY e. STATE **b.** COUNTY Baltimore 1 2 T MERYLEND by thand b CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete lemits, write RURAL end give neerest fown) c. LENGTH OF STAY IN 15 write RURAL and give nearest town) Owings Mills Baltimore 14. 2 days E- 9 pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Rosewood State Training School 7812 Wendover Avenue YES NO TO 3. NAME OF 4. DATE Year DECEASED OF (Type or print) DEATH Dale Groth 8 19 Wavne 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BRTH lest birthdey) Deys Hours White Male WIDOWED [DIVORCED 10 10s. USUAL OCCUPATION (Give kind of work physician 106. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (County & State, or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Baltimore. Marvland Dependent none 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME please ding June Landonia Kerr and John David Groth affen 15. WAS DECEASED EVER IN U.S., ARMED FORCES? | 16. SOC AL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) (If yes give wer or dates of service) Rosewood Records, Owings Mills, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c) INTERVAL BETWEEN Mydro cephalus ONSET AND DEATH PART I. D. ATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, "if eny, which (b) certificate has been gave rise to immediate cause DUE TO (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION 8 Q PERFORMED? YES X NO 1 use Prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part) or Part II of item 18.) for ф 20d. INJURY OCCURRED | 20s. PLACE OF INJURY [Home, ferm, ' 20f. (City or town) Month, Day, Year (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While WEDI While Hour am et work et work may be retained DIRECTOR: ATTENDING X 228 SIGNATURE SIGNED STAFE DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stelle) REMOVAL (Specify) O to B Buria Faith Raltimore Cam JUN 1 3 61 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Horno



TO F CITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Yes a may be retained by the hospital or attending physician. Yes a compared to the certificate has been signed by the attending physician and compared filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours effect death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
6485
CERTIFICATE OF DEATH
06469

1	PLACE OF DEATH	3			CE (Where deceesed		lesidence before edmission)		
Baltimore MARYLAND				a. STATE Maryland b. COUNTY					
		if outsida corporete limits,	c. LENGTH OF STAY IN 16	c. C.TY OR TOWN ,	lf outs'da corporete li	mits, write RURAL end	g ve nearest town)		
	TOW:	f give neerest town) SON	7 yrs.	Bal	Ltimore -	Mt. Washin	igto n		
4		TAL OR INSTITUTION (if not in hos	spriet, g ve street eddress)			gnes Colle	ege . IS RESIDENCE		
4_	Stehla	Maris Hospice		5801 Smi	ithe Ave.		YES NO NO		
3	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Yeer		
	(Type or print)	Rosie		Guercia	DEATH	6/29/	19 61		
5	. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		In years IF UNDER 1			
	F	WIDOWE		7/1/ XX 188	37 "7	3 yrs. Months	Deys Hours Min.		
10	De. USUAL OCCUPAT	TON (Give kind of work 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	sty & Stele, or foreign	country) 12. CIT	ZEN OF WHAT COUNTRY?		
`	Dome	4 4		Ital	y		Italy.		
13	3. FATHER'S NAME			14. MOTHER'S MAIDEN					
	1	l ntonia Guercia		Cone	chetta				
19	5. WAS DECEASED EV	ER IN U.S. ARMED FORCES? 16.	SOCIAL SECUR TY NO., 17.	INFORMANT		Address			
10	Yes, no, or unkown) (I	(tyes give war or dates of service)	19-30-9199	Admi	ssion Reco	rd			
	18. CAUSE OF I	EATH (Enter only one cause per					INTERVAL BETWEEN		
	PART I. DEAT	H WAS CAUSED BY:	adial	1. Inster	ns.		ONSET AND DEATH		
	126	MMEDIATE CAUSE (B).	Trocardial Trocardial	July 10 - 1			on frame		
	0	DUE TO	15 2000				7		
	Conditions, if any gava rise to immed	r, which (b)	lder mellite	VE-			years,		
	(a), steting the u	inderlying DUE TO	Care						
	ceuse last.	(c)	TO DIVING TO DEATH BUT N		NIAL DISEASE CONDI	TION CIVEN IN BARI	WAS ALITORSY		
CATION	PART II. OTHE	R SIGNIFICANT CONDITIONS COL	RIK BUING TO BEATH BUT N	OT KELATED TO THE TERMS	NAL DISEASE CONDI	HON GIVEN IN PARI	PERFORMED?		
3							YES NO		
CERTIF	OR CONTRIBUTING	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURE	D, (Enter neture of Injury in	Part I or Part II of iter	n 18.)			
₹	2Dc. TIME OF INJU		for a	ACE OF INJURY (Home, ferr		vn) (Cou	nty) (State)		
MEDICAL	Hour a.m.	While at wo	2	tary, street, office bldg., atc	**	~			
1		that (I) (this hospital) atten	ded the deceased from	6/29	19 6/10	6/45.19	.k.l., that (I) (we) last		
			19, and tha						
	220. SIGNATURE	sed alive on		7	7 10117 1110	000000	/ 22b. DATE		
/	226. 3131741341	some the such		BUNG THE P	MED. STA	AFF VS.	6/26/61 SIGNED		
	22c. PHYSICIAN'S		un.	22d. ADDRESS	7 /		7-11-1		
	NAME (Type	George	Beck M. D.	6012	· Harfred,	Pd Balti	14, md,		
1 2	3a. BUR AL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, fown or county	y) (State)		
	BURIAL	7-1-61	Mt.St.Agnes	Conventa metery	Mt. War	shington,	Balto.Md		
2	4 FUNERAL DIRECTO		ADDRESS	25a, RE		25b. REGISTRAR'S	SIGNATURE		
	Wm.Cook*T	lowson, Inc., 105	O York Road, T	owson 4 DATE	101 3 61	Cirilium 2	2, / 1/2000		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY D. STATE Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6mth15dvs Baltimore Catonsville p d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1352 Washington Blvd. GROV E STATE HOSPITAL YES NO NAME OF **First** Middle DATE Year DECEASED OF DEATH Hale Olive (Type or print) 61 June 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours whi.te female WIDOWED [7] DIVORCED [7] yes. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Mary land hous ewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caleb Powdle Helen Barwick Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address GROVE STAT: HOSPITAL unknown Records: SPRING umk.town 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (s). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO if ony, which gove rise to immediate couse DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY ő PERFORMED? NO TE 20g. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) On 3-13-61 floor from chair sustaining a frac. of the left femur 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Not while (Stote) factory, street, office bidg., etc.) Catons ville 28. Maryland 196] of work of work hosmital 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection W. Inquiry M, and find that death resulted from: Natural causes Accident M. Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER 6-8-61 **EXAMINER'S** George M. Kieffer. DEPUTY MEDICAL EXAMINER AN NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Cokesbury Memorial Abin Md. *mia **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. ATSME(S)

5M 9/55



FOR STATE please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be mained for your files.

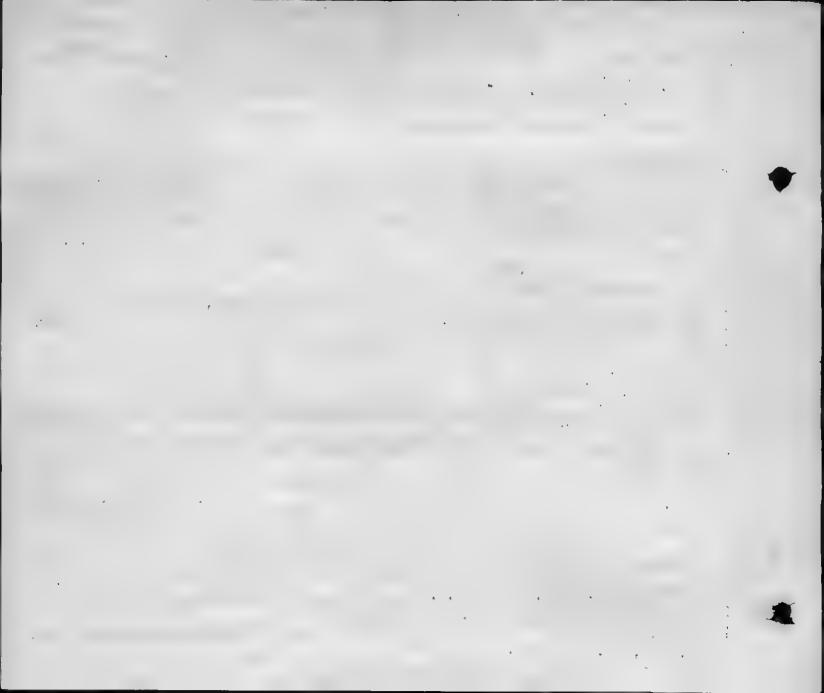
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 heart before death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division Statistical research and records, 301 W. Preston Street, Baltimore 1, Maryland

MIN SOUND SEE MEND	LICHE MESELM	ett with wrenders,	001 W. 1 Manton 517	,,
7 89 75 1	MEDICAL	EYAMINED'S	CEPTIFICATE O	E DEATH

OCLDI

Α	1. PLACE OF DEATH (37	9 FILM 6:40	2 USUAL RESIDEN	ICE (Where decease		cosidence de	fore admission)
N	Baltimore	MARYLAND	Mary Mary	1 and	b. COUNTY	fvret	
4		ENGTH OF STAY IN 16			imits, write RURAL en	100	sf town)
1	Oella		E114	cott City			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, s	jive street eddress)	d. STREET ADDRESS				IS RESIDENCE ON A FARM? IS NO
ı	3. NAME OF Fusi DECEASED	Middle	Last	4. DATE	Month	Dey	Year
1	(Type or print) PARNEST ERN	EST .	HAMILTON	DEATH	June	h.	19 67
ľ	5. SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGI	(In yeers IF UNDER 1		NDER 24 HRS.
	Male White WIDOWED	DIVORCED	unknown Aq	e 40 4X	yn		Min.
. [10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	F BUSINESS OR INDUSTR	11. BIRTHPLACE (Shift	or foreign country	12, CIT	IZEN OF WI	HAT COUNTRY?
	unknown		Virgi	nia		U.S.	A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN				
	Reeves Hamilton		Alice	Branhan			
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCI/ (Yes, no, or unknown) ((Illyesgive war or deles of service)	AL SECURITY NO. 17. I	NPORMANT		Address	-	
.	(195, no, or unkown) (livesgive water detection vice)	Ch	eaton Funer	al Home,	Lynchburg	y Va	
ı	18. CAUSE OF DEATH [Enter only one cause per line for	(e), (b), end (c).)					AL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gunshot	wound of hea	ad			ONZEL	AND DEATH
1	DUE TO			-			
ı						ļ	
1	gave rise to immediate cause		weeds with a	* * · · · · · ·	erminate de	-	
1	(a), stating the underlying DUE TO						
Į	cause last. [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	T BEI ATEN TO THE TERM	NAL DISSASS CONT	TION CIVEN IN DAR	7 11-11 10 M	VAS AUTORSW
ł	FAKI II. OTHER SIGNIFICANT CONDITIONS CONTRIBE	ING TO DEATH BUT NO	I RELATED TO THE TERM.	EVAL DISEASE COND	MOR GIVEN IN PAR		PERFORMED?
ı	3					YES	NO 1
	PRIMARY M or CONTRIBUTING	w MJURY OCCURED. (E t self in he		of I or Peri II of ilem	8.)		
ł	20c. TIME OF INJURY Month, Day, Year 20d. INJUR	Y OCCURRED 200. PLA	CE OF INJURY (Home, far	m, 20f. (City or to	wn) (Cou	mly)	(Stete)
1	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY While Common States 6/14/19 61 at work		ory, street, office bldg., at Woods	Oella.	Baltimo	re.	Maryland
	21. I certify that I took charge of the remains		ld an Autopsy X.	Inspection .	Inquiry .	and in r	my opinion
١			de X. Homicide	Undeter	mined manner]	
	and e		CHIEF MEDICAL	EXAMINER 🛣			
1	ACTUAL SIGNATURE SIGNATURE		M,D. ASSISTANT MEI	DICAL EXAMINER		DATE	SIGNED
,	EXAMINER'S	M D		AL EXAMINER		6/5	/61
1	NAME (Type) Russell S. Fisher, 220, BURIAL, CREMATION, 226. DATE THEREOF 220.	NAME OF CEMETERY OR		city, fown, or county	City, town, or country	ī ~ .	(Slate)
	REMOVAL (CREMITY) 6-19-61 Mi	NAME OF CEMETERY OR Paul s Epis ssion Cemet	copal				,
ì					County, V		TS
	23. FUNERAL DIRECTOR Nm. Cook, Inc., 1217 St. Paul	Street					
	III. OOOK 1 THO : 1 TETL - OF - OUT		DATEU	N 2 0 '61	arthur S.	Kinus	



911 the funeral within 24 hours after plnous TO IN PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 has a Vege 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filled with the State Dimpt. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after a be filled with the State Dimpt.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6488
CERTIFICATE OF DEATH

06472

1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before ad	m ss'on)
Baltimore Maryland	Maryland Baltimore	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest lawn)
Fort Howard 34 days	X Baltimore -6	
d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d STREET ADDRESS a. IS RES	
Veterans Administration Hospital	8533 Philadelphia Road YES	FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year	
(Type or print) GEORGE R.	HAMMER DEATH June 8 19	(1
	8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER ! Hours Hours	4 HRS.
Male White WIDOWED DIVORCED	July 30, 1895 65 yrs.	24/11/2
done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or fore.gn country) 12. CITIZEN OF WHAT CO	OUNTRY?
Guard Can Mfg. Company	Baltimore, Maryland U.S.A	
Joseph G. Hammer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	Ella Jane Beeks INFORMANCLINICAL Folders 3900 Loch Rave	
Yes, no, or unknown), (Hyesgivewerordatesofservice)	INFORMANTLINICAL Folders 3900 Loch Rave	en
Yes LITTE 215-05-5216 B1. 18. CRUSE OF DEATH [Frier only one tause per line for (e), (b), and (c),]	vd. Balto 18, MdFORT HOWALD DIVISION	
PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA	NITERVAL BETV RECENT	ATH
581,0) DUE TO		w-shirt-drouble
DODUST GEDDINGER OF	LIVER UNKNOWN	
Gorditions, if any, which geve rise to immediate cause	THE PER CONTRACTOR OF	
(a), steting the underlying DUE TO		
cause lest. (c)		
PART I OTHER 5 GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6). 19. WAS ALL PERFOR	
ARTERIOSCLEROTIC HEART DISEASE -Durat	tion Unknown	0 1
ARTERIOSCLEROFIC HEART DISEASE -Durat ARTERIOSCLEROFIC HEART DISEASE -Durat 2Da. ACC DENT WAS JNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT	D. [Enter neture of nyury in Pert I or Pert II of tem 18.]	
Z 20c. TIME OF NJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De PLA		
O Zee that of heady month, boy, tool Zee heady occurred the		itete)
Hour e.m. While Not While fex	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, street, off.ce b dg., etc.)	itete)
Hour e.m. While Not While fec	tory, street, off.ce b dg., etc.)	
21. I certify that X) (this hospital) attended the deceased from.	. May 5	ve) lasi
21. I certify that XI) (this hospital) attended the deceased from saw the deceased alive onJune8 19.61, and that	May 5	ve) lasi
21. I certify that XI) (this hospital) attended the deceased from saw the deceased alive onJune819.61, and that 22° SIGNATURE	May 5	ve) lasi
21. I certify that X) (this hospital) attended the deceased from. saw the deceased alive onJune819.61, and that 22° SIGNATURE	May 5	ve) lasi
21. I certify that XI) (this hospital) attended the deceased from saw the deceased alive onJune8	May 5	ve) lasi
21. I certify that XI) (this hospital) attended the deceased from saw the deceased alive onJune819.61, and that 22° SIGNATURE	May 5	ve) lasi
21. I certify that XI) (this hospital) attended the deceased from saw the deceased alive onJune8	May 5	above
21. I certify that XI) (this hospital) attended the deceased from saw the deceased alive onJune8	May 5	above
21. I certify that XI) (this hospital) attended the deceased from saw the deceased alive onJune8	May 5	above



LAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6489 funeral should . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY the d 2 asth. Baltimore MARYLAND Baltimore County Maryl*a*n d b. CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY N 16 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ۵ write RURAL and give nearest town) 2. Baltimore Baltimore d NAME OF HOSP, TAL OR INSTITUTION (if not in hosp to, g ye street eddress)

315 Ingle side Avenue e. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO Forest Haven Nursing Home Formerly of Towson, NAME OF Middle DECEASED (Type or print) DEATH Martha Susan 19 Hardesty June CO F UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (in years IF UNDER I YEAR 5. SEX 8. DATE OF BIRTH last birthdey) Months Female MIDOWED DIVORCED June 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR Stete or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired housewife Virginia

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Keiningham ۵ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (If yes giva war or detes of service) Mrs. Robert Rector-100 Hopkins Road 18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: VNSCULAR MOCIDER ENERARY [MMEDIATE CAUSE (a) **DUE TO** ARTIPIOSOCEUNTIO HUMENTRAINE CO Conditions, if eny, which gove rise to immediata causa DULMINAMINEN EDEMB- NNEVWINIE DUETO (e), steting the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO F use 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Jem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, larm, 20f. (City or fown) (County) [State] Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. DIRECTOR: to ...(-... 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on.....(a./... 22a. SIGNATURE SIGNED PHYS. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) BURIAL CREMATION. DATE THEREOF REMOVAL (Specify) 80 Baltimore, Maryland Loudon Park Burial 250. REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) ariner & Though 15M 9/60



the funeral ed within 24 hours after fely filled in by O RECOLLAR OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed with page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any exempy within 72 hours. OF OF VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH 06474

1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Baltimore MARYLAND a. STATE Maryland b. COUNTY Baltimore
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
	write RURAL and give neerest town
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE
	5302 Mc Cormick Avenue 5302 Mc Cormick Avenue YES NO FORM
3.	NAME OF Frst Middle Last 4. DATE Month Day Year
	DECEASED M. III. II. O amos Harry OF
5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE IN years IF UNDER 1 YEAR IF UNDER 24 HRS.
	male white wowed Divorced Oct. 17. 1909 51 birthdey) Months Days Hours Min.
10	I. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Maintenance Armoo Steel (o Baltimore, Maryland U.S.A.
13.	FATHER'S NAME
	2
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ĮΫ́	s, no, or unkown) (tryosgive war or dates of service) 272-08-7072 Mrs. Josephine Harps same
-	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Respect a fory in suefficiency town days
	163X DUE TO CALLORS OF 10
	Conditions, if any, which gave rise to immediate cause
	(a), stating the underlying DUE TO
	cause last. (c)
O.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S	YES NO Z
CERTIFI	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)
S	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (C ty or town) (County) (State) Hour e.m. WhileNot While factory, street, office bldg., etc.]
MEDI	p.m. 19 al work al work
	21. I certify that (I) (this hospital) attended the deceased from
	saw the deceased alive on 6 - 29 - 19.61., and that death occurred at IA.M, from the causes and on the date stated above
	22a. SIGNATURE 7 (22b. DATE ATTENDING MED. STAFF (20 SIGNED
	Or John Geldrich M.D. PHYS. DIRECTOR PHYS. 1 6-29-65
	22c. PHYSICIAN'S NAME (Type) T. T
	Dr. John Geldrich 8019 Philadelphia Road, Balto. 6, Md.
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Illiato)
	Burial 7-1-61 Parkwood (emetery Baltimore, Maryland
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	eonard J. Ruck 5305 Harford Road #14 DATE JUL 3 01
*=	



TO KPEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 hours after a death Page 4 may be retained by the hospital or attending physician. Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

MARICAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
€491 CERTIFICATE OF DEATH	06778

۱ŀ	1. PLACE OF DEATH 12. USUA	The state of the s
Л	a. COUNTY TO	L RESIDENCE (Where deceased lived, if Institutions Residence before admission) 15. COUNTY
1	BALTIMORE MARYLAND	FIARYLAND
1	b. CITY OR TOWN (if outs'de corporate limits, c. LENGTH OF STAY IN 1b c. CITY wate RURAL and give neerest town)	OR TOWN (If outside corporate limits, write RURAL and give negast town)
П	COCKEYSUILLE 5 MONTHS	BALTIMORE
ı		EET ADDRESS a. IS RESIDENCE
	MASONIC HOME 11:	F. MELROSE AUE YES NO N
ľ	3. NAME OF First Middle Le	
1	(Type or print) LULA M HAYDE	N/ DEATH JUNE 30 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF	IRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	FE WIDOWED DIVORCED 5-5	- 1883 Sest birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT)	PLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	done during most of working life, even if retired) HOUSEWIFE	DARYLAND U.S.
-		ER'S MAIDEN NAME
	GEORGE MEREDITH	MARY TARMAN
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL	IT Address
Т	(Yes, no, or unkown) (Ifyasgivawarordalesofservice) 213-28-5118	of K. Smilly. Cockeywells, Mil
1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (a)	
1	DUE TO AT AND TO Pa	dio Vascalar Diene 5 months
1	101	neo o carrac issuere sicher
1	gava rise to immediate cause (a), stating the undarlying DUE TO	
1	cause last. (c)	
ł	Z PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?
ı	TA STATE OF THE ST	YES NO .
	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of the littler, NOTIFY MEDICAL EXAMINER).	of injury in Parl I or Part II of Item 18.)
1	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour a.m. While Not While	
1	Hour a.m. While Not While p.m. 19 at work at work	,
1	21. I certify that (I) (this hospital) attended the deceased from 2	7 1961, to 6-30 1961, that (I) (we) last
-1	saw the deceased alive on 6-30 196, and that death oc	cured at 25M, from the causes and on the date stated above.
	228. SIGNATURE ATTENDED	22b, DATE
Ц	Multin (- Lees) M.D. ATTEN PHYS.	DING MED. STAFF DIRECTOR PHYS. STAFF
П		ADDRESS
	NAME (Typo) WALTER T. REES	COCKEYSUILLE MD
	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMAT	
	Burial Spacify) July 3, 1961 Druid Ridge	Baltimore, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	Wm. Cook, Inc. 1217 St. Paul St.	DATELLE 3 '61 Chilling & Kraue



IARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND Karyl and XXXXXXXXX b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) onevi! Paltin re a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS ON A FARM? House in the Piras Murcins Home Carles Village YES NO 3. NAME OF 4. DATE DECEASED (Type or print) DEATH George Frederick Heiner 19 /. AGE (In yaers | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Hours Hale WIDOWED [DIVORCED -10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Tetird Chipping Clark physici Putler Bruthers Bal timore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl John J. Heiner Fredericka Mahr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yas, no. or unkown) | (Ifyesgivawarordatasofsarvica) Miss Etta Heiner-Apt.15 Oaklee Village no the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per Ame for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ceve rise lo immediata causa DUE TO (a), stelling the underlying cause lest. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? JO. NO 20b. DESCRIBE HOW INJURY OCCURED, [Enter natura of injury in Pert I or Pert II of Item 18.] 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY fectory, street, office bldg., etc.) Not While While Hour a.m. el work el work 19.01., and that death occured at A.A.M. from the caused and on the date stated above saw the deceased alive on..... PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dh G. Washington Boule vard. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Purial 250. REC'D BY REG STRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 193 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

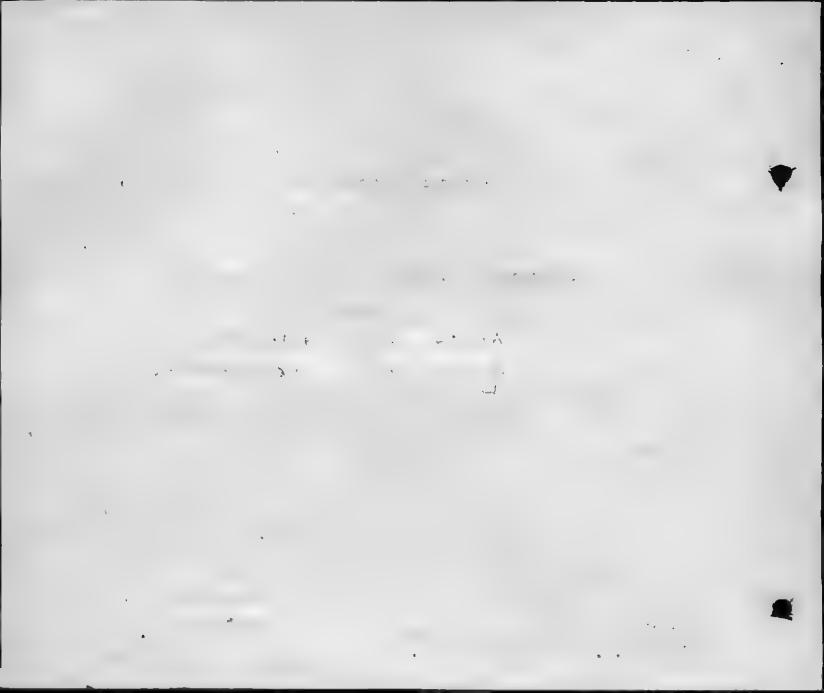
06477

1	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. STATE b. COUNTY							
]	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	RURAL and give n	Catomsvil	le				Baltimore					
	d. NAME OF HOSPI OR INSTITUTION	TAL (if not in hospital, g				d STREET A			_			RESIDENCE
	St. Josephs Nurs. Home					3065	Str	ickl	and St	•		S NO
	3 NAME OF First Middle			Los	t	4. DATE	٨	Nonth	Day	Year		
	(Type or print)	Alice		E. F	leim	nuller		DEATH	_ ~ ~		16,	1961
	S SEX	_		ED NEVER MARRI	_	B. DATE OF BIRTH		***	9 AGE (+n year			JNDER 24 HRS
	F.	W.	WIDOWE				26,18			rrs.		
		ON (Give kind of work king life, even if retired	done 10b. K)		OR INDUS	TRY 11 BIRTHPL		or foreign c	ountry}			IAT COUNTRY?
	H.W.			0.H.		14. MOTHER'S	Md.	AME		U	SA	
-	13. PATRICK 3 MAME	OSBries					ke ow					
./	15. WAS DECEASED EVE		CES? 16. S	OCIAL SECURITY NO). 17. IN	FORMANT	LILUS O 11	JAL .	A	Address		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [II yes, give wor or dates of service) [II yes, give wor or dates of service)				Mr	B G.R.E	Matt	.10	Boore	Trail	.Seve	rua Pl
	Conditions, if a gave rise to i cause (o), stoling lying cause lost. PART II. OTI 200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Haur a.m. p. m.	mmediate the under- the under- (c) AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) AY Month, Doy, Ye 19	DITIONS CO	ONTRIBUTING TO DE RIBE HOW INJURY OF LIURY OCCURRED Not while of wark ded the deceased	ATH BUT CCURRED 20e PLA fac from	(Enter noture of CE OF INJURY (interpret)	THEYERMING IN PROPERTY IN PROP	NAL DISEAS	SE CONDITION If II of item 1B) y or town) the causes STAFF PHYS.	GIVEN IN PA	ONSET	(Stote)
	23g. BURIAL, CREMAT C REMOVAL (Specify)F	23c NAME OF CEM		2 7 0	am de		TION (City, tow			(State)
2	24 FUNERAL DIRECTOR WITZKE F.		lm omd	ADDRESS AVO	0000	edral 0		BY REGIS	C1	EGISTRAR'S S Chilhun J		



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6494 FLACE OF DEATH 2. USUAL RESIDENCE [Where decessed lived, If institution; Residence before admission] a. COUNTY **b.** COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Catons ville 6yr3mthldy Baltimore filled in Pages d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospite, give street address) e. IS RESIDENCE ON A FARM? STATE HOSPITAL YES NOT Fulton Avenue 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) Fred Heinzenberger DEATH 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER 1 YEAR) 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX last birthdey) pue Months Hours male white WIDOWED [DIVORCED [August 24. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? physician 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) remov Maryland U. S. A. ba ker 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 856 aftending Heinzenberger Mary Heinzenberger ple 1 16. SOCIAL SECURITY NO.1 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Then (Yes, no, or unkown) | (Ifyesgivewerordetesofservice oval none Records: none STATE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH Acute heart failure Arterios clerotic Careljovancular PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO peen : geve rise to immediate ceuse DUE TO (e), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY 9 PERFORMED? certifica as NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH for 20d. INJURY OCCURRED | 20e, PLACE OF INJURY [Home, ferm,] 2Df. (City or town) [County] (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work [et work IRECTOR: p.m saw the deceased alive on... 22b. DATE 228 SIGNATUN ATTENDING SIGNED PHYS. DIRECTOR PHYS. UNERAL 22d. ADDRESS 22c. PHYSICIAN S CROVE SPA TE HOSPITAL NAME (Type) Catonsville 20, Md. director, l 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Burial Baltimore 0 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 34 FUNERAL DIRECTOR'S SIGNATURE W1tzke F.D. 4101 VR A15 (4) Edmowdsow Ave. Cirching S. Hrace DANIN 2 6 15M 9/60

VARYLAND STATE DEPARTMENT OF HEALTH



TO INTEREST. OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 hours after death page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6495 CERTIFICATE OF DEATH	06479
1 PLACE OF DEATH 2. USUAL RESIDENCE (Where dec. county Baltimore Maryland Aryland	b, COUNTY
write RURAL end give neerest town) Catonsville	rete limits, write RURAL and give neerest fown)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Shady Nook Nursing Home 2012 Whittier 3. NAME OF BECEASED And BECEASED Last A. DATE OF	Avenue YES NO Dey Yeer
(Type or print) Le Roy F. Hendricks 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9.	June 17, 1961 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
7. MONIE 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	last birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & Stete, or f	oreign country) 12. CITZEN OF WHAT COUNTRY
Retired Salesman Capitol Cake Co. Pennsylvania	U.S.A.
John Eli Hendricks Harriet S. Fleck	
John Eli Hendricks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
(Yes, no, or unkown) (Hyesgivewerordetes of service) 213-26-3801 Mrs. Edith B. Mc Clure	-729 Cator Avenue
IB. CRUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lacking of first fall.	5 yrs.
///X DUE TO	
Conditions, if any, which gove rise to immediate cause	
(e), stelling the underlying DUETO	
couse lest [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C	CONDITION GIVEN IN PART 1(a) 19 WAS ALTORSY
A 4.	PERFORMED? YES NO F
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert Lor Pert II	l Lai hard
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COLUMN TO THE TERMINAL D	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, While Not While et work et work to et wo	or town) (County) (State)
	June 17., 1961, that (1) (we) la
saw the deceased alive on June 16 19.6 and that death occurred at / AM, from	
220. SIGNATURE ATTENDING MED.	STAFF 22b. DATE SIGNE
ot moe daughlen M.D PHYS. DIRECTOR [22d. ADDRESS	PHYS.
Alabar (Pour)	Avenue Baltimore, Md.
230. BURIAL, CREMATION, 236. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCA	STION (City, town or county) (Stete)
Burial (Specify) 6-20-61 Loudon Park Cemetery Balt	imore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE / WORLD STREET BY REGIST	RAR 256. REGISTRAR'S SIGNATURE
12 y Licknes & Sens Balto 17, 12d DATEJUN 19'61	Listhur S. Thank



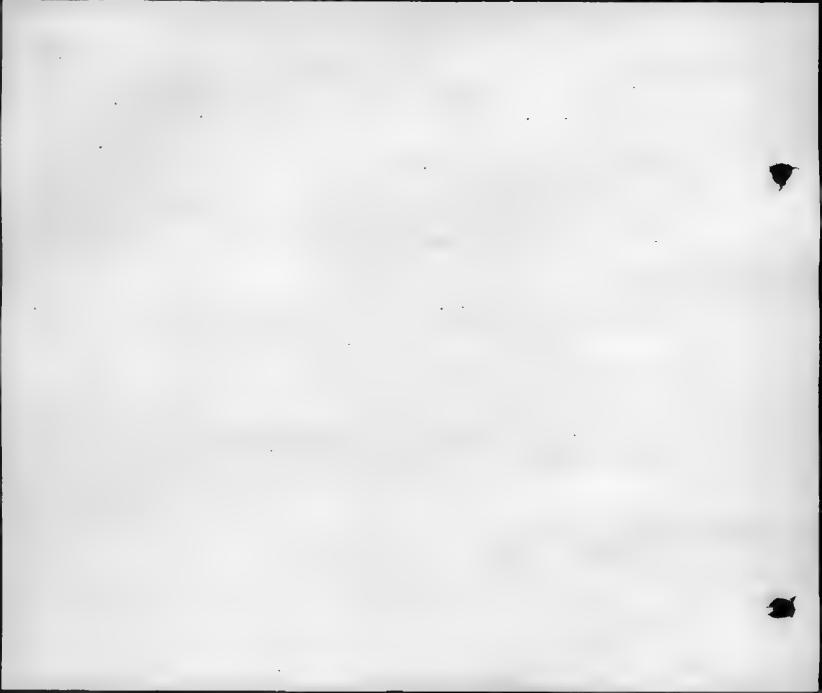
ON STREET, BALTIMORE 1, MARYLAND uneral within 24 hours after sed lived. If institution, Residence 1. PLACE OF DEATH USUAL RESIDENCE (Whate dece a. COUNTY timore ALC: NO PERSONS AND PROPERTY OF THE PERSON NAMED IN COLUMN 1997 AND PERSON NAMED IN COLUMN 199 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Poutside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown) Baunesv .5 inesville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. 15 RESIDENCE ON A FARM? YES NOX mae 3. NAME OF DATE Midd e Month Year DECEASED OF (Type or print) DEATH 19 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED ... NEVER MARRIED last birthday) Months Days Hours WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired more 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI please Ξ affending Keiser S. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 1 17. INFORMAL removal, (Yes, no, or unkown) [[fyes give wer or detes of service] same has been signed by the 18. CAUSE OF DEATH Enter only one cause par INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) **burial-transit** DUE TO 7 x 100 Conditions, if eny, which (b) geva rise to immediate ceuse DUE TO (e), stating the underlying ceuse last. the PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not White Hour e.m. el work at work D.E. DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from.... and that death occurred at 5.1.M, from the causes and on the date stated above. saw the deceased alive on. DATE 22a, SIGNATURE ATTENDING. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S ADDRESS NAME 23a. BURIAL, CREMATION, 23b. DATE THEREO 23d. LOCATION (City, town or county) REMOVAL, (Specify) land Mem Park ig g More Duria 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S YR A15 (4) JHN 2 0 arthur S. Kraus 1SM 9/60

DATE



MARYLAND	STATE DEF	ARTMENT	OF HEA	LTH
DIVISION OF STATISTICAL I	RESEARCH AND	RECORDS - B	SALTIMORE 1	, MARYLANI
CER	TIFICATE	OF DEA	TH	

			AND RECORDS — BALTIMORE 1, MARYLAND				
\		6498 CERTIFICA	IFICATE OF DEATH				
)	1, 1	PLACE OF DEATH 1. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institutions Residue. STATE b. COUNTY	dence befare admission)			
	<u> </u>	Baltimore CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If autside carporate limits, write, RURAL or	Baltimore descriptions			
		RURAL and give nearest town) Catonsville. Md. 5/7/57	-Catonsville Md: /-mm/	1.1-Ball-P.1			
: /:		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	S RESIDENCE			
11		Caton Ridge Nursing Home	329 Harlem Lane 4// 1/2/2	ON A FARM?			
		NAME OF First / Middle	Laste 4 DATE Month	Day Year			
		Type or print) LIEU/also Sust	AM F /M DEATH 6	23 1961			
	S. S	CH:N/L	lost birthday) Month	ER I YEAR IF UNDER 24 HRS Days Haurs Min			
	10-	MATE TELLOW MIDOWED DIVORCED	Unknown 82 yrs	TITLE OF THE PERSON NAMED AND TRANS			
	100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?			
	13	Cher Restaurant FATHER'S NAME	China U	nknown			
		Unknown	Unknown				
7	16	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address				
T	J ""	. no. or unknown) [If yes, give war or dotes af service] Unknown Unknown	Robert Lew White Rice Inn	Park Ave.			
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN			
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)	Thombosis	Come de la			
		260X DUE TO					
		Canditions, if any, which) (b)	schusi	ahra.			
		gave rise to immediate cause (a), stating the under-	h.11.T.	Celann			
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY			
	CERTIFICATION	Mine Deli High	0.11 1.0 /	PERFORMED? YES NO M			
Л	TIFIC	20a. ACCIDENT WAS UNDERLYING	RED. (Enter noture of injury in Port I or Part II of item 18)	TO NO ME			
0	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	S		PLACE OF INJURY (Home, form, 20f. (City ar lawn) foctory, street, office bldg., etc.)	(Caunty) (State)			
	MEDICAL	Haur a.m. While Nat while p.m. 19 at wark □ at wark □	rocidity, street, diffice bidg., etc.)				
		21 1 certify that (I) (this hospital) attended the deceased from	May 7 1957 to June 23 19	G. (, that (I) (we) last			
			death accurred \$2 3 M, from the causes and on	* * * *			
		22o. SIGNATURE	ATTENDING MED STAFF	22b DATE 2 S.GNED			
1		22c PHYS.CIAN'S	M.D PHYS DIRECTOR PHYS	6/23/6			
		NAME (Type) CLIFF RATLIFF.	51- 22d ADDRESS \$605 EDMONDSON	AUC # 29			
	23a		OR CREMATORY 23d (OCAJION) (City, town, or fount	y) (State)			
13/4	7	BUNIEL WILLSELD OF	maine Wooding	1911			
-	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S				
	21	ellan 1110min/10 10810 110	26 '61 Circle	or S. Hand			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 22 FICERTIFICATE OF DEATH 6493 Red. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission COUNTY **b.** COUNTY Baltimore MARYLAND Mary land b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Catonsville 23vrlmth26dvs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION SPRING 230 J. Durham Street STATE HOSPITAL NAME OF 4. DATE OF DEATH First Middle DECEASED June Bertha (Type or print) Hobby 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years lost birthdoy) 5. SEX B. DATE OF BIRTH Months Doys female white WIDOWED | DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) West Virginia housewife U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Shanks Julia Shanks

the funeral should be fi and completely on popers. Pag detoched

15M 10/57

hours ofter death? Page

executed within

IS RESIDENCE ON A FARM? YES NO 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address unknown unlmown Records STATE GROVE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Coronary thrombosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Coronary Insufficiency Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the under-Arteric sclerotic cardiovascular disease lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO IX 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) O. m. While Not while ot work ot work May 10 19 61 that I last saw the deceased June 21. I certify that I attended the deceased from , and that death accurred at 2:20 June P.M., from the causes and on the date stated above. alive an. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL 6-8-61 PHYSICIAN'S Loretta Hsu. M. D. NAME (Type) Catonsville 28 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Buried Zion Zion, Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE W.H.M. cKee Funeral Home - Augusta, W.Va. Cirthur S. Krous



Division of STATISTICAL RESEARCE **BALTIMORE 1, MARYLAND** MEDICAL E CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY ocessary, for. Page or Kiles. b. COUNTY timore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. write RURAL epd, give neerest town) arrys d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NOXE 3. NAME OF Middle 4. DATE Year DECEASED OF (Type or print) DEATH Hubbara 19 With 5. SEX 6. COLOR OR RACE! DATE OF SIRTH AGE (In years | IF UNDER I YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 2 wit (ost birthday) Months Days Hours male WIDOWED 12 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Give Pages pages 1 Lug Boat M3. 13. FATHER'S NAME 14. MOTHER'S MAINEN NAME 윤 form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT permit. (Yes, no, or unkown) ((Ifyes giva war or detas of service) same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Charle . L IMMEDIATE CAUSE (e) in pencil MEDICAL EXAMINER: This certificate should be Office **DUE TO** removal, Conditions, if env. which (b) geve rise to immediate cause (0) DUE TO п (a), stelling the underlying Examiner à cause last. pesn cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION K PERFORMED? execute the certificate, writing the word lid in forwarded to I.E. Clief Medical ENERAL DIRECTOR Page 3 should be NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I of Pert II of Bern 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (Stelle) 9 factory, street, office bldg., etc.) While Not While Hour e.m. prior et work et work p.m. I DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection V Inquiry and in my opinion death resulted from: Undetermined manner Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER PUNERAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL CREMATIONE 22Ь. DATE THEREO NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State REMOVAL (Specify) Baltimore, Md. V 5 6 Parkwood emeteru burral 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Hartord Kd. DATEJUN 1 3 '61 Cirthury S. Flines 5M 9/60

ADTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution) Residence before admission) a. COUNTY b. COUNTY. MARYLAND after death in by th b. CITY OR TOWN (st outside corporete limits, c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Months d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO 1 NAME OF DATE Month DECEASED DEATH (Typa or print) 1961 5. SEX 8. DATE OF BIRTH AGE (In yaars | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED T last birthday) WIDOWED 1 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or fore gri country) dona, during most of working life, even if raticad) 13. FATHER'S NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyesgivawarordalasofservice) MOHCGlynden INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which gave rise to immediate cause DUF TO (e), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 19. WAS AUTOPSY Lanca 20b. DESCRIBE HOW NJURY OCCURRENT INTERIOR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year | 20d, INJURY OCCURRED 200 PLACE OF INJURY (Home, farm Not While factory, street, office b/dg , etc.) While al work at work D.M. may be retained DIRECTOR: 3 should and that death occured at.... ... M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c PHYSICIAMS 22d ADDRESS/ NAME ITYP director, a 23cl NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **VR A15 (4)** arthur S. Krous 15M 9/60



in by the funeral director, and 2 should be filed with pub TO FUNAZAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fine page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

VR A15 (4) 15M 9/59

aurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

OCLOC

CERTIFICATE OF DEATH

6502

)	1. PLACE OF DEATH B DITING R	E MARYLAND	2. USUAL RESIDENCE (WHO STATE	L.	If institution: Residence COUNTY	before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16	s, CITY OR TOWN (If o	utside corporate limit	s, write RURAL and give	ve nearest town)
	COCKEYSVILLE	3 1/2 years.	BAL	TIMORE		11-1-
7le	d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS		-	e. IS RESIDENCE
	OR INSTITUTION MIASONIC	HOME	1900 C	HELSE!	n P.D	ON A FARM? YES NO
	3 NAME OF Pirst	Middle	Last	4. DATE	Month	Day Yeor
	(Type or print) NELLIE	GRAY	JONES	DEATH 3	UNE :	25 1961
Į	5. SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH	9. AGE	(In years IF UNDER 1	YEAR IF UNDER 24 HRS
	FE W WIDOWE		FEB 12,18	391 197	mirthday) Months [Poys Hours Min.
	10a. JSUAL OCCUPAT ON (Give kind of work done 10b.)					EN OF WHAT COUNTRY
	during most of working life, even if retired)	(1145 01 503114633 01 11450311			7.5.5	
	HOUSEWIFE			YLAND_		0. S.
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N		- A - N	
	WILLIAM A G	RAY	MARY	JAY	IE WI	DAP
J	(15. WAS DECEASED EVER IN U.S. ARMED FORCES?) 16. S	SOCIAL SECURITY NO 17 INF	ORMANT	/ 0	Address	11 20
	NO III yas give wor or dates or service)	NONE 3	and to A	mit to	Cock p	ylly N.g.
	1B. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).	_ ^		1	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardio Vuse	when bear	udent		
	LL DUE TO					,
	Carality and if you will be	6/20 / J 1/11	makes et ar	tive 12-	· Le mi	3 1/2 Mac
	gove rise to immediate	The state of the s	1)		- 4 - 21	7,7
	couse (a), stating the under-		0			
	lying couse lost, (c)			=		I I I I I I I I I I I I I I I I I I I
4	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PARI	PERFORMED?
)						YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of ite	m 18.)	
	20c. TIME OF INJURY Month Doy, Year 20d. IN	UURY OCCURRED 20e PLAC	E OF INJURY (Home, form	, 20f. (City or town) (Cc	ounty) (State
	20c. TIME OF INJURY Month Doy, Year 20d. IN Hour a.m. 19 of work	Not while focto	ory, street, office bldg. etc) [
			7	i de de	VI. 2.0"	
	21 I certify that (I) (this hospital) attended					, that (I) (we) los
	saw the deceosed alive on	196/ , and that de	ath occurred at I A	M, from the co	uses and on the	date stated above
	220 S GNATURE	- / Cies			4:	/ 22b DATE SIGNED
	Valtu	1 M	D PHYS DI	RECTOR A STAF		25/41 SIGNED
	22c. PHYSICIAN'S		22d ADDRESS			
	NAME (Type) WALTER	T. KEES	COL	KLYSLI	LLE TY	11)
	23g, BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR			ty, town, or county)	(Stote)
	REMOVAL (Specify) BURIAL 6-27-61					, ,
b.		Lorraine Ce			Maryland	
#	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			25b. REGISTRAR'S SIGI اگر اسلامل	Track
	Wm. Cook, Inc., 1217 St. Par	al Street, Zone	DATE J	UN 2 7 '61	الم اسمايين	,



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h & 30 CO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
CERTIFICA	TE OF DEATH	Reg. Dist. NO 6487				
timore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE Mary land b.	If institution Residence before admission) COUNTY BaltimarR				
e corporote limits, write c. LENGTH OF STAY IN 1b 4 years	c. CITY OR TOWN (If autside corporate limit Rural - Overlea	X				
of in haspital, give street address)	4704 Maye Prim	e is residence On a farm? YES \(\) NO \(\)				
Hephen Paul Middle V	ACEN 4. DATE OF DEATH	Manth Day Year July 22 1961				
widowed Divorced	Feb. 4, 1915 46	(In years IF UNDER 1 YEAR IF UNDER 24 HRS Introduce Months Days Hours Min				
e kind of work done 10b. KIND OF BUSINESS OR INDUST	New York	USA.				
ohen?	Elizabeth?					
was or dates elevery rel	ithleen Edith Kacen	V-4704 Meise Dn,				
ster only are cause per line for (a), (b), ond (c)] S CAUSED BY: DIATE CAUSE (a) DUE TO	1 Infarction	INTERVAL BETWEEN ONSET AND DEATH //2/10/11				
ich ber der bote der but to	osis					
) (c)	NOT BENATED TO THE TERMINAL DISEASE COMB	TON CUENT IN BAST I'M TO WAS AUTORS				
NIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDI	PERFORMED?				
ERLYING [] USE OF DEATH AL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part I at Part II of ite	em 18)				
	CE OF INJURY (Hame, form, 20f (City or town ary, street, affice bldg., etc.)	(Caunty) (State)				
ttended the deceased fram March	, 1961, to June	, 196. , that I last saw the deceased				
7, 19.61, and that death	occurred at 3 M, from the ca ADDRESS (Street, city AD Scolg Philadelphi	uses and on the date stated above. or lown, state) A Color 44 6/22/61				
Clark Holmes	8019 Philadelphia R	id.				

22d. LOCATION (City, tawn, ar gounty)

246 BEGISTRAR'S SIGNATURE

240, REC'D BY REGISTRAR DATE (State)

VS A1S (4) 1SM 9/58





CEAE hours ofter death. Page 4 director, ond 2 shauld be Pages 1 TO FURGAAL DIRECTOR: After this certificate has been signed by the attending physician and campletely thus page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

VR A1S (4) 15M 9/S9

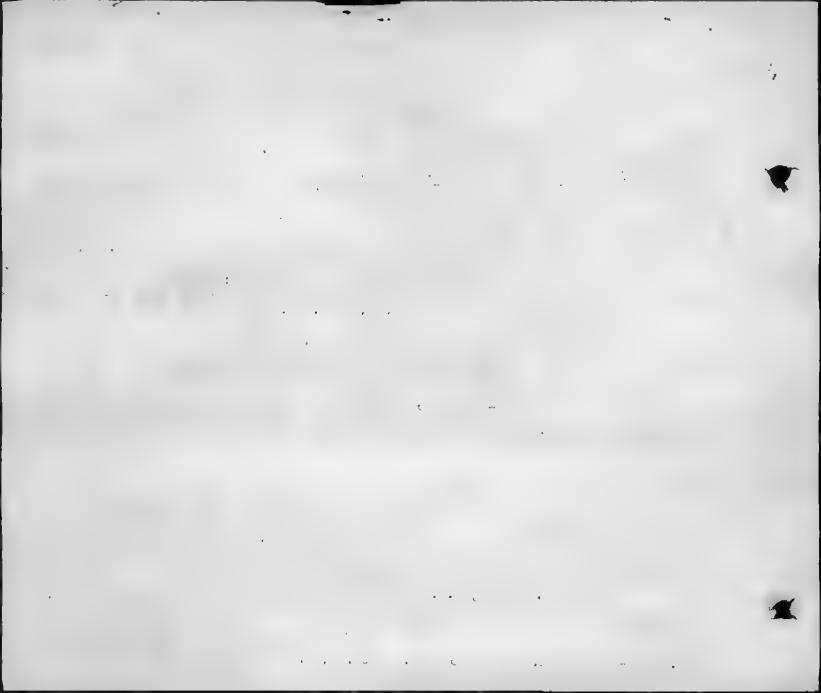
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		6969	CERTIFICATE	OF DEATH		06489
	1. F	LACE OF DEATH COUNTY BALTIMORE	MARYLAND 2	. USUAL RESIDENCE (Where deceded on STATE	b. COUNTR AL	te before admission) TIMARE
	Ŀ	p. CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town)	c LENGTH OF STAY IN 16	CITY OR TOWN (If outside con	rporote limits, write RURAL and g	ive nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION RMEL RO	oddress)	d. STREET ADDRESS MIT. CARME	(PI)	e. IS RESIDENCE ON A FARM? YES NO 3
		NAME OF First DECEASED Type or print) CLIDOLE C	Middle Ke	Lost 4. DAT OF DEA	/	Doy Year
	5. S			DATE OF BIRTH		1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	10o	USUAL OCCUPATION (Give kind of work done 10b.		Y 11. BIRTHPLACE (Stole or foreign	n country) 12.CITI	ZEN OF WHAT COUNTRY?
		during most of working life, even if retired) SE FATHER'S NAME	EWING FACTORY	NEW JERS	EY	4.5.1)
	1	HERMIAN H. KEIL			DIEGLE	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) (If yes, give wor or dates of service)	. SOCIAL SECURITY NO. 17, INFO 15-01-2792 A	RMANT WHETTA K.	Address ANDYO - MT. CA	PAMEL-RU TO
		18 CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY.	ine for (o), (b), and (c).]	A 0	1	INTERVAL BETWEEN ONSET AND DEATH
		4201 Due to	provar	y occurs	w	
		Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying</u> cause last.	Hy hertense	, a		
ξ'	ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	PERFORMED? YES NO
		206 ACC. DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or	Port II of item 18.)	
	MEDICAL	Hour a.m. While	Santar	OF INJURY (Home, form, 20f. (4 y, street, office bldg., etc.)	City or town) (C	County) (Stote)
	,	21. 1 certify that (I) (this haspital) atten-		1	JUNE 9 161	
		sow the deceased alive on UN	\$_\$_19_b / , and that dec	oth occurred of A. M. fro	m the couses and on the	dote stated above.
		a.m. Fr	auce_ M.		STAFF PHYS.	6/9/6 SIGNED
		22c. PHYS CIAN'S NAME (Type) A M	FRANCE	22d ADDRESS	KINNY	
	23a	BUR AL, CREMATION, 236 DATE THEREOF	MARE OF CEMETERY OR C	PK 7AV	CATION (City town, or county)	LTU (Stote)
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REC	. 104	
	W	- COOK-10WSON-10.	RK KY 704 3614	·4 ZU DATE JUN 1	2 61 within	Kines



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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

06492

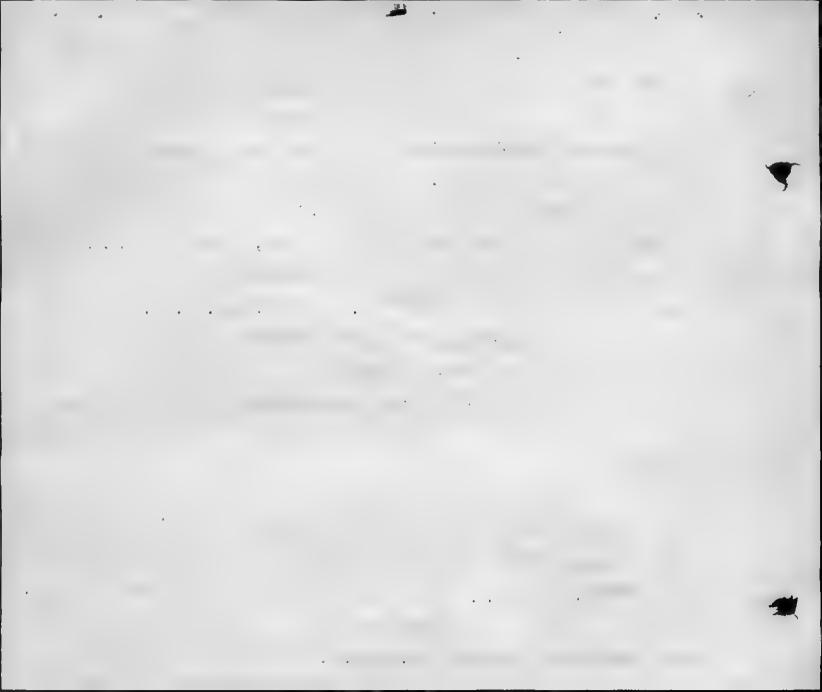
		300						-	O A O N
1. F	PLACE OF DEATH DE COUNTY Bolt trime	orre		MARYLAND	2. USUAL RESIDENCE o. STATE MARYL		lived. If institution b. COUNTY	n: Residence bef	ore admission)
l t		If outside corporate limi	ts, write	E LENGTH OF STAY IN 16		N (If outside corpore	ote limits, write RI	JRAL and give ne	earest town)
	# 1 7 cm	eorest town) 1. Narvland		4 MONTHS	BALTIM			3 V!	1-0
,		TAL (If not in hospital, g	sive street oc	(dress)	d. STREET ADDRE		- C		e. IS RESIDENCE ON A FARM?
,	it Vilso	1 State Hos	oital		10 EAS	T/RAT	T/ 2/	REE	YES NO
1	NAME OF DECEASED Type or print)	CARL		GEORGE	KIRMES	4. DATE OF DEATH	Jun	h 8	Year 196/
S. S	MALE	COLOR OR RACE	7. MARRIE	DIVORCED	B. DATE OF BIRTH	1000	lost birthdoy) yrs.	Months Days	Hours Min.
_	AINTENA	king life, even if retired) _	ARINE ENGL		State or foreign country	untry)	12. CITIZEN C	F WHAT COUNTRY?
13.	FATHER'S NAME	1	_	2111-4-	14. MOTHER'S MAII		C+0		
L	CARL	KIRMI	7-5			WNA L	TRUH		
15 (Yes	WAS DECEASED EVI	RINUS ARMED FOR (If yes, give war or dates of i	CES? 16. SC	7-11 4 5220	INFORMANT		Addr	628	
	NO		1		<u>ospital Rec</u>	ords, lit.	lson	State H	<u>ospital</u>
		ATH [Enter only one co	ouse per line	for (o), (b), and (c).	00.	De 0		ON ON	TERVAL BETWEEN
	PARI I DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE (c	Car	mann	a for XI	K KI	ma		1 year
	1 6-	DUE TO	>		1		Λ		0
	Conditions, if)				U		
1	gave rise to couse (a), stating								
	lying couse lost.) (0	:}						
CERTIFICATION	P. PART, II. OT	HER SIGNIFICANT CON	DITIONS CO	A COLOR	IT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES 77 NO 17
TEIC	206 ACCIDENT W	AS UNDERLYING AT	20b. DESCR	RIBE HOW INJURY OCCUR	ED. (Enter noture of Inju	ri in Port Lor Port	II of item 1B }		TO INC.
A. CERT	OR CONTRIBUTING	CAUSE OF PRATH						Cius	- 12.
MEDICA	Hour o.m.	RY Month, Doy, Ye	While	Not while of work	PLACE OF INJURY (Home octory, street, office bldg	, farm, 20f. (City	or town)	(Count)	(State)
	2). I certify the	at (I) (this haspita	l) _c attende	d the deceased fram	2/16	, 12/2/, 10.	6/8	., 19.6/, 1	hat (I) (we) last
		sed alive an	/ 8	19 <u>6</u> /, and that	death accurred at	SP M, fram t	he causes an	d on the dat	
	220 SIGNATURE	1.		1	ATTENDING	MED	STAFF		225 DATE , SIGNED
	- lik	liverm	is		M.D. PHYS	DIRECTOR [PHYS		9/9/4
	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS				1./41
	Wm. Net	comer, M.D		perintendent		son State	-		ilson, lic
23a	BURIAL, CREMATIC REMOVAL (Specify		F	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ION (City, town,	or county)	(State)
	URIAL_	6/3/8/	61	וא פועאע	DGE.	DAL	10	CO.	ine.
24	FUNERAL DIRECTO	'S SIGNATURE		ADDRESS		REC'D BY REGISTE		STRAR'S SIGNATI	
100	el c. lep	mouly .	36121	neshur!	me, DA	祖間 12 61		21 7 0 0 mm	

in by the funeral director, and 2 should be filed with hours ofter death. Page 4 may prevained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely tribed page 3 should be detached far use as the busiol-transit permit. Then please remove carbon pages 1 though a should be detached far use as the busiol-transit permit. Then please remove carbon pages 1 the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 hours after death. AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within TO HO VR A1S (4) 1SM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete I mits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) 12 Davs Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in haspite), a ve street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital Glenmore Avenue 3. NAME OF 4. DATE Year DECEASED DEATH (Type or print) 19 61 JACOB KRACH June 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) (Months D.VORCED May 12, 1880 Male White WIDOWED | 100. JSUAL OCCUPATION (Give kind of work physician 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stele, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Gardenville, Maryland Steel Construction Laborer 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME please attending Phillip Krach Elizabeth Otto 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SCIAL SECURITY NO 17 INFORMANT Address Then (Yes, no, or unkown) | (livesgive wer or detest of service) 2/2-01-6/96 Clin. Records, VAH, Balto. Md. Ft. Howard Div. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARTERIOSCIEROTIC HEART DISEASE WITH CONGESTIVE UNKNOWN g physic signed | IMMEDIATE CAUSE (e) **FATHURE** XXXX UNKNOWN PULMONARY EMPHYSEMA Conditions, if eny, which 161 geve rise to immediate cause XXXX (e), steting the underlying NEPHROSCLEROSIS, ARTERIOSCLEROTIC PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Port I or Part II of Item 18.) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 20c. IIME OF INJURY Month, Dey, Yeer fectory, streat, office bldg., etc.) Not While While Hour e.m. et work et work RECTOR: 21. 1 certify that 10 (this hospital) attended the deceased from June 3, 1961, to June 15,, 161., that 11) (we) last 19.67, and that death occurred \$1:05AM from the causes and on the date stated above. saw the deceased alive on June 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S VAH. BALTIMORE, MARYLAND-FT HOWARD CRAHAN. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, REMOVAL (Specify) E G Baltimore, Maryland Parkwood Cemeterv Burial 0 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] Heeman Funeral Home, 6067 Harford Rd., Balto.Md. DATE JUN 21 '61 Circher S. Firmes 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

7		OF A O DIVISIO	ON OF STATISTICAL RESEARC	H AND RECORDS - BALTIA	MORE 1, MARYLAND	
		6510		CATE OF DEATH		06494
V	1, PLACE OF DEATH				ere deceased lived. If institution	on: Residence before admission)
	b. COUNTY	Baltimor	e MARYLA	a. STATE Md.	b. COUNTY	Baltimore
	RURAL and give	(If outside corporate limits		c. CITY OR TOWN (IF or Catonsvil	utside corporote limits, write R	URAL ond give nearest town)
X	OR INSTITUTION		ve street oddress	d. STREET ADDRESS	son Ave.	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF	Firs	Middle	Last	4. DATE Mon	Ih Day Yeor
	(Type or print)	Dale	Levine	Lambert	DEATH June	14. 1961
	S. SEX	6. COLOR OR RACE				IF UNDER 1 YEAR IF UNDER 24 HR
	Male	White	WIDOWED DIVORCED (March 18,1	960 7 700	Months Doys Hours Min.
	100 USJAL OCCUPAT	ION (Give kind of work di	one 10b. KIND OF BUSINESS OR I			CALPIZEN OF WHAT COUNTR
	during mast of wo	rking life, even if retired)	None		rland	U.S.A.
	13. FATHER'S NAME	311G	HAITE	14. MOTHER'S MAIDEN N		VIDIA
7	Rot	ert L. La		Betty	Turfle	
レノ	15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		17 INFORMANT	Cart	Unsville, Md.
	No	None	None 1	r. Robert L.	Lambert 601	Edmondson Av
	18. CAUSE OF DE	ATH Enter only ane cou	se per line far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY.	GASTROENTE	RITIS , ACUTE		5 HOURS
		/ /) DUE TO				
	Canditions, if	any, which)				
	gave rise to					
	cause (a), stating lying cause last	the <u>under-</u>				
	Z PART II O		ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PARY 1(a) 19 WAS AUTOPS
	PART II OT	TITIS LE	FT. CHRONIC	RESOLVING	5	PERFORMED?
C	OR CONTRIBUTION	VAS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	URRED (Enter noture of injury in P	Part I or Part II of item 1B.)	
	20c TIME OF INJU		While Not while	 PLACE OF INJURY (Home, form, foctory, street, office bldg., etc. 		(County) (Sto

exained by the hospital or attending physician. permit os the burial-transit

n by the funeral director and 2 should be filed with

in ony event, within 72 haurs after death

please remave carbon

requires that the death certificate be executed with

23d. BURIAL, CREMATION, REMOVAL (Specify)

22c PHYSICIAN'S

NAME (Type)

24 FUNERAL DIRECTOR'S SIGNATURE

21 I certify that (I) (this haspital) attended the deceased fram 29400, 1960, ta 13400, 1961, that (I) (we) last saw the deceased alive an 13400, 1961, and that death accurred at 24M, from the causes and on the date stated above

22d. ADDRESS

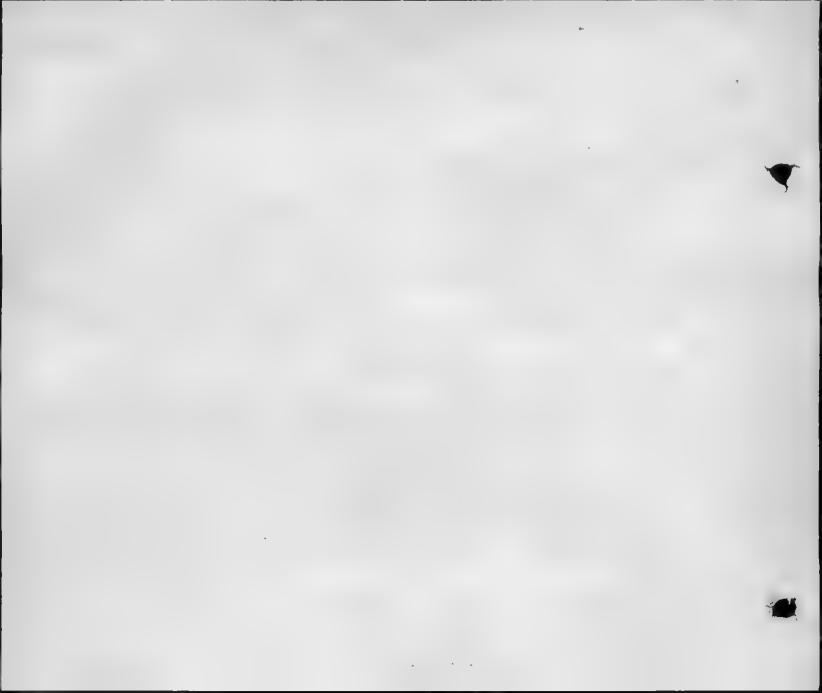
25b. REGISTRAR'S SIGNATURE

Cillian S. House

22b.DATE SIGNED



DIVISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, If institution: Residence before admiss on a. COUNTY **b.** COUNTY 4 7 P MARYLAND and b. CITY OR TOWN (if outside corporate amits. TOWN () outs de corporate (mils, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Pages 1 aurs after 0w5 02 filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g va street address) a. IS RESIDENCE hours a ON A FARM? YES NO NO NAME OF DECEASED OF DEATH (Type or print) 19 6 8. DATE OF AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIÉD [and lest birthdey) Months WIDOWED, physician 100. USUAL OCCUPAT ON IG ve kind of work гетоуе 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) OUSEWI FATHER'S NAME please attending and Then oval, (Yes, no, or unkown) | (Ifyes give war or dates of service) the 18. CAUSE OF DEATH (Enter only one cause per line toy (a), (b), and (c), i INTERVAL BETWEEN signed by CNSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (+) burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stelling the underlying certificate has causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY PERFORMED 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) After this 20c. TIME OF INJURY 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) Month, Day, Yeer Not While fectory, street, office bidg., stc.) While at work -DIRECTOR: me 21. I contify that (I) (this hospital) attended the deceased from. deceased. SIGNED ATTENDING-PHY5. DIRECTOR PHYS. ERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 1 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (State) 23a, SURIAL, CREMATION, 1 23b. 23€. REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur S. Krous



TO MG TO FL

VR A1S (4) 1SM 9/S9

8510

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		C	U 12 /4		CERTIF	ICATE	OF DEATH	1			0649	6
		PLACE OF DEATH	Baltimore		MARY	- 11	USUAL RESIDENCE (Wo. STATE		d lived If institute b. COUNTY	on Residence		nissian)
		RURAL and give ne	Foutside corporate limit corest tawn) SVILLE	s, write	c. LENGTH OF STAY 5yr2mth2le	}	c. CITY OR TOWN (If Aberdeen.			URAL ond g	give nearest to	wn)
		OR INSTITUTION	AL (If not in hospital, g	ive street HOSP	oddress)		d. STREET ADDRESS R.F. D. #1	L			10	RESIDENCE I A FARM?
	- 1	NAME OF DECEASED (Type or print)	Fir Will	iam	Middle Josep		Leight	4. DATE OF DEATH	Mon		Day	Year 19 61
	5. 5	male	white	WIDOWI	_	₽□	Sept. 28, 1	1887 1887	last b'rthdoy)	Months	Doys Hou	
١		telegraph	IN (Give kind of work of ing life, even if retired) operator	lone 10b.	Rail road		Mary la	and	ountry)		S. A.	T COUNTRY?
1)	Geor e					4. Mother's maiden Margare					
	IS. (Yu:	s, no, or entinown) NO	R IN U. S. ARMED FOR if yes, give wor or dates of si	rvice)	SOCIAL SECURITY NO 219-22-7192			IG GRO	Addi VE STATE		PITAL	
	7	Conditions, if or gove rise to it couse (o), stating lying couse last.	he <u>under-</u> DUE TO				rdiovascula					- M. T.
	CERTIFICATION	20a ACCIDENT WA					T RELATED TO THE TERM			'EN IN PAR'	PER	S AUTOPSY FORMED?
	MEDICAL	20c TIME OF INJUR Hour o.m.	Y Month, Day, Yea	r 20d II While at war	NJURY OCCURRED Nat while k at work	20e. PLACE foctory	OF INJURY (Home, for r, street, office bldg., et	rm, 20f (City	ar tawn)	(0	County)	(Stote)
		21 I certify tha saw the deceas 22a SIGNATURE	t (I) (this haspital ed alive an J	attend une			ATTENDING	9 61 ta_ LW fram	June S the causes an	2 19 ¢ d on the		(we) last ed abave. 22b DATE SIGNED
	22-	22c. PHYSICIAN'S NAME (Type)	IOretta				22d. ADDRESS SF	RING (GROVE SI	PAIE Mary]	HOSP17	
		BURIAL, CREMAT O REMOVAL (Specify) Burial	6/12/196		Bel Air M		l Gardens	Bel	TION (City, fown, c	ford,	Maryla	rote)
	1	FUNERAL DIRECTOR	SIGNATURE	me	ADDRESS	and.	2So. REC	e'd by regist		thus S.		



1. PLACE OF DEATH o. COUNTY

> COCKEY d. NAME OF HOSPITAL

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIN	10RE, 18	
3 CERTIFICA	ATE OF DEATH	Reg. Dist.	No.06497
9LTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased live o STATE MARYLAN D	d. If institution: Residence b b. COUNTY	pefore admission)
viside corporate limits, write c LENGTH OF STAY IN 16	e. CITY OR TOWN (If outside corporate I		nearest town]
(If not in hospital, give street oddress) FSONIC. HOME	1 STREET ADDRESS 506 C S	TREET	e. IS RESIDENCE ON A FARM? YES NO D
OHN WILLIAM L	EONARD 4. DATE OF DEATH	JUNE 2	Doy Yeor 24 1961
COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH APRIL 3.1870	GE (In years IF UNDER 1 YI St birthday) Yrs Months Do	EAR IF UNDER 24 HRS. y1 Hours Min.
(Give kind of work done 106 KIND OF BUSINESS OR INDUS life, even if refired) RKER	STRY 11. BIRTHPLACE (Sible or foreign country)		N OF WHAT COUNTRY?
AS LEONARD	14 MOTHER'S MAIDEN NAME MARY	BATTY	
	Frank L. Smith	2 - Roches	prille, Med
[Enter only one cause per line for (o), (b), and (c).] WAS CAUSED BY: IMEDIATE CAUSE (o)			NTERVAL BETWEEN ONSET AND DEATH
which) Ob arterio Sel	loutez Cardio		
ediate DUE TO		,	11

OR INSTITUTION NAME OF DECEASED (Type or print) 5. SEX 10o. USUAL OCCUPATION during most of working MILL WO 13. FATHER'S NAME 15. WAS DECEASED EVER NC IB. CAUSE OF DEATH PART I. DEATH Conditions, if any gove rise to imp couse (o), sloting the Vascular Wescase lying couse lost. (c)_ CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? . 7 YES NO 700. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (Stote) (County) factory, street, effice bldg., etc.) Hour o. m Not while at work of work 24, 1966, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 9.234. A.M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) BURIAL Specify 6-27-61 Druid Ridge Cemetery Pikesville 8.Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR Chilling S. Thates Wm.Cook, Inc., 1217 St. Paul Street DATE JUN 2 7 '61



DIVISION OF STATISTICAL RESEARCH AND funeral within 24 hours after Item lc 1. PLACE OF DEATH a. COUNTY Baltimore 4 th MARYLAND b. CITY OR TOWN (if outside corporete I m ts, write RURAL end give nearest lown) c. LENGTH OF STAY IN I filled in by Pages 1 and Catonsville days Pages 72 hours afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital SPRING NAME OF DECEASED Middle (Type or print) Douglas com 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX white WIDOWED [DIVORCED ma le law requires that the death certificate physician 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDL геломе done during most of working life, even if retired) makexxxxxxxxx machinist-Westingho 13. FATHER'S NAME Then please <u>.</u>E attending and XXXXXXXX John Leslie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 14 SOC ALSEC (Yes, no, or unknown) | (Illyesgivewarordalesofserv.ce) 015-03remova XXXXXXXX the r attending physician. 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY: Infarctive myoc IMMEDIATE CAUSE (a) DUE TO Arteriosclaro Conditions, if any, which (b) gave tise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PUNERAL DIRECTOR: After this certificate ector, page 3 should be detached for use as the CERTIFICATION prior 2Da. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. While Not While at work et work 21. [certify that (I) (this hospital) attended the deceased from saw the deceased alive on. June 20 ... 19.61, and the 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. UATONSVILLE 20. Mary Land director, be filed 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 6124161 Loudon Park Cemetery Baltimore, Maryland 0 ADDRESS 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Wilkens Avenue

Howard H. Hubbard 4107

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

STREET RAITIMODE 1 MARVIAND

TE OF DEATH	06498
e. STATE haryland b. County	Residence before admission
c. CITY OR TOWN (If outside corporate I mits, write RURAL and	nd give nearest town)
Baltimore d. STREET ADDRESS 105 S. Beechfield Avenue	IS RESIDENT ON A FARM YES TO NO T
Lestie 4. DATE OF DEATH THE	Day Yeer
B DATE OF BIRTH P. AGE (In yeers IF UNDER Isst, birthday) Wonths Worth Worth	Days Hours Min.
use Scotland U. 14. MOTHER'S MAIDEN NAME	3. A.
INFORMANT ISabella	Laing
cords: SPRLIG GROVE STATE HOS	INTERVAL BETWEEN
cardial fibrosis	ONSET AND DEATH
cic cardiovascular disease	
NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PAR	19. WAS AUTOPS PERFORMED? YES NO
ED, (Enter nature of injury in Pert I or Part II of Iem 18.)	
LACE OF INJURY (Home, farm, 2Df. (City or town) (Coactory, street, office bldg., etc.)	
at death occured at	61 that (I) (we) if the date stated abo
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	6-21-61 SIGN
22d. ADDRESS SPRING GROVA STAE	HO SELLAL

DATE JUN 2 3 '61

(State)

Cerebry S. Kraus

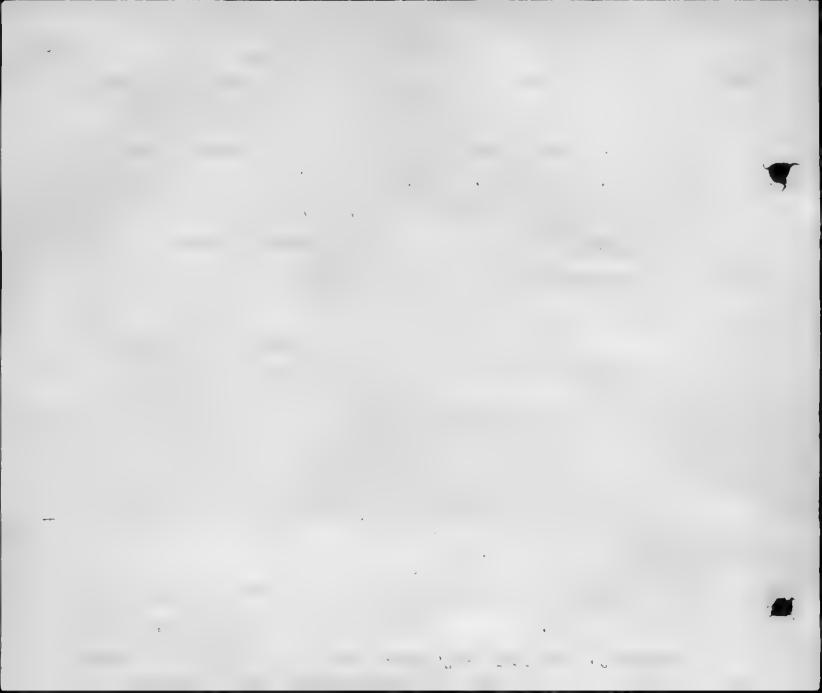


TO

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
6515 CERTIFICATE OF DEATH	9670

	6919	CERTIFICATE	OF DEATH	06499	
1,	PLACE OF DEATH	1 2	. USUAL RESIDENCE (Where deceased		ior)
	Baltimore	MARYLAND	a. STATE Maryland	6. COUNTY Baltimore	
	write RURAL and give peerest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corporate ,		
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite	oive street address	d STREET ADDRESS	ver	NCF
3.	1505 (hilworth Avenu		1505 Chilworth	ON A FAI	RM?
5.	SEX 6. COLOR OR RACE 7 MARRIED TO	Mackley	Lewis DEATH PATE OF BIRTH 9. AGE	June 10th 19 6 (In years IF UNDER 1 YEAR) IF UNDER 24 H	
īde	temale white WIDOWED	THE THE MARKET TO	11. BIKY.IP.ACE (County & State, or foreign	yrs. Hours M.	n,
13.	Houseunge FATHER'S NAME	. 14	Baltimore, Mary	Land USA	
15. {Ye	Henry Wooden WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 501 s., no, or unkown) [(Ifyes give were address of service)]	CIAL SECURTY NO. 17. INF	Martha_?	Address	
-	18. CAUSE OF DEATH [Enter only one cause per line	for (a). (b). and (c)		INTERVAL BETWEEN	3
	PART I, DEATH WAS CAUSED BY: HAMMEDIATE CAUSE (a) DUE TO	estar en	- Carolio broca	ONSET AND DEATH	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	Levers	Laurens		_
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE COND	TION GIVEN IN PART 1(a) 19, WAS AUTOF PERFORMED YES NO	22
CERTIFIC	206. ACCIDENT WAS UNDERLYING [206. DESCRI OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURED. (E	nter nature of injury in Part I or Pert II of iter	n 13.)	_
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJU Hour a.m. While p.m. 19 at work		OF INJURY (Home, farm. 2Df. (City or los street, office bldg., etc.)	vn) (County) (Stata)
	21. 1 certify that (I) (this hospital) attended		4 - 0	196 (that (I) (wa)	
	saw the deceased alive on	19.6.(, and that de	eath occured at	causes and on the date stated ab	
	Det physician's	Day M.D.	ATTENDING MED. PHYS. DIRECTOR PHY 22d. ADDRESS	AFF SIG	NED
	NAME (Type) Conradh.	Richter	3128 Hay	wel Rel:	
234	REMOVAL (Specify) Burial 6/13.61	Parkwood Cen	retery Balti	(City, sown or county) (State) more, Maryland	·
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	// et . 1	256. REGISTRAR'S SIGNATURE	
_	Leonard J. Ruck 5305 H	arford Road	#14 DATE UN 1.3 '61	Cuina & Trans	



VR A1E (4) 15M 9/59

MA	RYLAND	STATE	DEP/	ARTMENT	OF	HEAL	.TH
N OF	STATISTICAL	RESEARCH	AND I	RECORDS —	BALTIN	ORE 1.	MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTII

CERTIFICATE OF DEATH

F518

UF	DEAL	П				116	5(
		(Where dec	eased lived.	If institution:	Residence			
STATE	_		L .	COLINITY				

1	PLACE OF DEATH, o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
L	XXX 1 · X	had -
L	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	with Evelle	BAL 10
ı	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Augsburg Home	42/3 CONNECTICUT AVE YES NO
3	NAME OF First Middle DECEASED	Lost 4. DATE Month Day Yeor
L	(Type or print) SOPHIA FrederickA	LO/Z DEATH 6 // 196/
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min,
L	WIDOWED DIVORCED	HPY11 6, 186 1 9H yrs
10	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	
	Housewife	BAITO, U.S
13	B. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
١L	JOHN DieTsch	KATHERINE KENSCH
作	(x) WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (ff yes, give wor or dates of service)	NFORMANT Address
	NO CLE	geturg Home Records to 811 Campfield Ka
İ	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	1 - 1/ - Interval Between ONSET AND DEATH
L	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	elevotre teart Disease 5-mg
	1 J. () DUE TO A A (1 A)	
	Conditions, if any, which) (b) Genebral 1	emorrhand day
	gove rise to immediate ouse (a), stating the under	
	lying couse last. (c)	
2	PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
LAT	Generalized	artin feling . YES NO
CEDTIECTATION	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of Item IB)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) ctory, street, office bldg., etc.)
AAED	Hour o m. P. m. While Not while to work of work	A state bag, state
	21 I certify that (1) (this haspital) attended the deceased fram	4 /12 . 1961 . ta 6 /17 . 1961, that (1) (we) last
		death accurred at 40 M, from the causes and an the date stated above
	220. SIGNATURE	72b DATE
	Farl L. Chambers	M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS.
	22c PHYS CIAN'S NAME (Type) F - / / / L	22d. ADDRESS
	NAME (Type) Eas/ L. Chambers-	4108 Liberts ATS He Balts-my
2	30 BUT AL, CREMATION 236, DATE THEREOF 230, NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	(12 MV) (120/6/ Fonglow)	ash Balto mot
3	FUNERATIONECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	11/11/11 1/11-+ you 28	DATE JUN 21 '61 Chilling & Kraus
-		



DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'vad, If institution: a. COUNTY b. COUNTY · Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I m ts, c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Brooklyn Fort Howard 33 Days .= " d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d, STREET ADDRESS e. IS RESIDENCE 650 ON A FARM? Veterans Administration Hospital 3722 - Sixth Street YES NO PE 3. NAME OF DECEASED OF 61 (Typa or print) DEATH 19 June ALBERT LOWMAN 9. AGE (In years | IF UNDER 1 YEAR 1F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH (ast birthday) Months Hours 1894 September DIVORCED [Male 10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHP, ACE (County & State, or fora gn country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) Baltimore, Maryland U. S. A. Fertilizer Co. Bag Printer

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Margaret Rhoades <u>Asa Iowman</u> WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1/ INFORMANT Records, VA Hospital, Baltimore 18, Md. Then (Yas, no, or unkown) [(Ifyasgiva war ordatas of service); remova Yes WW I 212-01-5392
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Fort Howard Division INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RECENT BRONCHOPNEUMONIA, TERMINAL IMMEDIATE CAUSE (a) burial-transit DUE TO CEREBRAL THROMBOSIS, LEFT RECEINE gave rise to Immediate cause DUE TO (e), stating the underlying CEREBRAL ARTERIOSCIEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? SE ARTERIOSCLEROTIC HEART DISEASE - Duration Unknown NO US8 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part i or Part II of Itam 18.) for Month, Day, Yaar 20d. INJURY OCCURRED 2Da, PLACE OF INJURY (Homa, farm, ... 20f (City or town) (County) (Steta) 20c. TIME OF INJURY factory, streat, office bldg., etc.) Not While Hour e.m. at work | et work | 196], to June 22 196], that (M (we) last 21. I certify that (l)x (this hospital) attended the deceased from May. 19.61..., and that death occured at 30...M, from the causes and on the date stated above June saw the deceased alive on 220 SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS, PHYS. 2VAHOBREALTIMORE 18, MARYLAND 22c. PHYSICHAL'S CRAHAN. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Cedar Hill Cemetery Anne Arundel County, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) JUN 2 6 '61 15M 9/60 Cirling S. Thomas McCully, 237 Patapsco Ave Balto, 25 Md.

filled

physician

aftending

ihe

signed

certificate has been

After this

DIRECTOR

MUERAL

OI

hospital



ours ofter death Page 4 the attending physician and campletely filled in by the funeral director. Then please remaye carban papers. Pages I and 2 shauld be filled with TO HOSE AL OR ATTENDING FOLLOWING. TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death AL OR ATTENDING PHYSICIAN: The law require that the death certificate line executed within 2

VR A15 (4) 15M 9/59

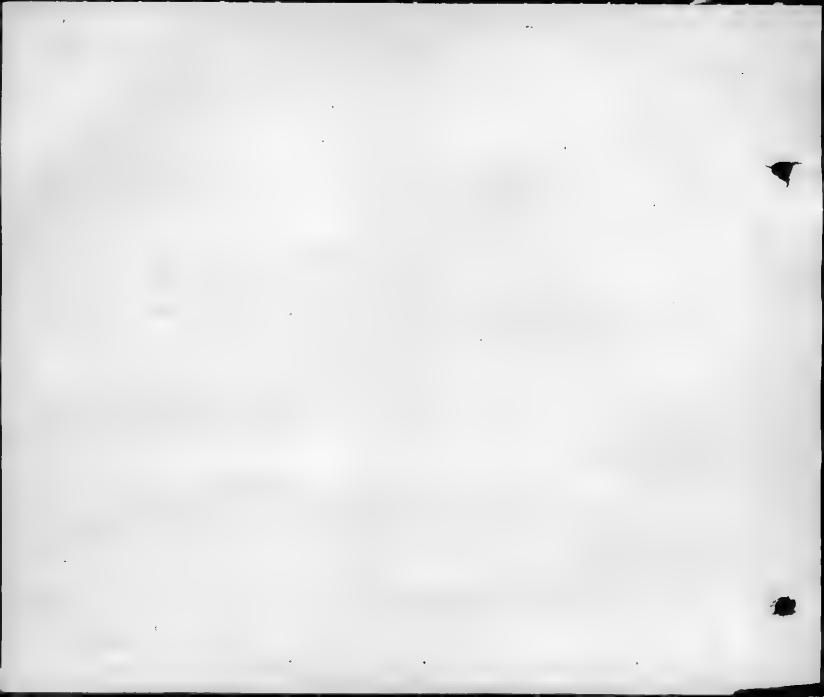
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	ACLO A	TE O	E DE	A TELL
CERT	IFIC.A	IE O	IF DE	AIH

06502

	PLACE OF DEATH a COUNTY	Ral	An		MARYLAND	2. USUAL g. STA	RESIDENCE (V	(here deceased lived	If institution b. COUNTY	Residence befo	re admission)
	b CITY OR TOWN (I RURAL and give no		rate limits, write	12 MGTH C	of STAY IN 16 0 -2 d	c. CIP	or Town IN	autside carporate lu	mits, write RURA	L and give nec	arest tawn)
	d. NAME OF HOSPIT OR INSTITUTION	11. 11	ispital, give stre	12 all	Hoff.	d. STF	EET, ADDRESS	8 Pola	ud,	Aus	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Mary	First	wan	Middle	upy	Lost	4. DATE OF DEATH	I Manth Muse	200	196/
S. :	SEX F	6. COYOR A		RRIED NEVE	MARRIED TO	B. PATE OF	o 1918	65 2		UNDER 1 YEAR anths Days	Hours Min
L	USUAL OCCUPATION DE WORLD	ON (Give kind a ung life, even i	of work dane 10 f retired)	pur	Securior Deliver	4	10	rginia	,	12 CITIZEN OI	S/7
13.	FATHER'S NAME UY	ıknown			14. MOT	14. MOTHER'S MAIDEN NAME UNKNOWN					
	WAS DECEASED EVE	R IN U. S. ARA		6. SOCIAL SECU	RITY NO. 17 I	NFORMANT	Hora	Reco	Address	, J	
	IB. CAUSE OF DEA	TH (Enter and TH WAS CAUS IMMEDIATE C	ED BY	line for (0), (b),	Lann	mor	na				ERVAL BETWEEN SET-AND DEATH -E1-
	Conditions, if a gave rise to it cause (a), stating lying cause last	mmediate	(b) DUE TO (c)		<u>'</u>						
CERTIFICATION	Con II. OTH	Prac	MI COMPISSION	SCONTRIBUTING	L SO	T NOT RELAT	ED TO THE TERM	NAL DISEASE CON	DITION GIVEN	IN PART 1(a)	PERFORMED?
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF MEDICAL EXAM	DEATH	ESCRIBE HOW IN	JURY O'CCURRI	ED. (Enter no	ture of injury in	Part I ar Part II af	item 18.)		•
MEDICAL	20c. TIME OF INJUR Hour a m. p. m.	Y Manth, D	Whi	INJURY OCCUR la Nat whi ark at work	e_ fo	LACE OF INJ actory, street	URY (Hame, far affice bldg , e	m, 20f (City or to	~n) <⊃	(County)	(State)
	21 I certify that		VUANI 1	nded the dec			15 01	LOU to Ju	w		hat (I) (we) last e stated abave
	22a. SIGNATURE	M	Well	in	ond that		NDING /		AFF	an the date	6 126 DATE SIGNED
	22c PHYSICIAN'S NAME (Type)	W	W/	E/9	ir_	22 d.	ness 1	rell Pr	et/th	D/2 /2	Kuroy Mi
230	BURIAL CREMAT C		THEREOF		of CEMETERY COUDON		DRY /	23d LOCATION (City, town, or o	Maryl	and.
1	FUNERAL DIRECTOR		~ 0 ~	ADDRES		0 5 1	1	C'D BY REGISTRAR	2Sb. REGISTR	AR'S SIGNATU	JRE
100	ohn O. Mi	itchel	1 & So	ns, In	c. 190	U Eut	aw Polyman	E 761		2 14	



Wilkens Ave.

DATE JUL 3

4107

arthur S. Huma

haurs after death.

VS A15 (4)

15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rog. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) = COUNTY shaufd be fited **b.** COUNTY MARYLAND funeral b. CITY/OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE YES NO NAME OF 4. DATE Middle Day Year OF DEATH 1961 (Type or print) 9. AGE (In years last birthday) COLOR OR RACE MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most all-yearking life, even if retired) carbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician гетточе IS. WAS DECEASED EVER THE U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address 72 affending 18. CAUSE OF DEATH [Enter only one cause per line for (0), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) **DUE TO** è Canditians, if any, which permit. signed gave rise to immediate DUE TO cause (a), stating the undergud lying couse last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 90 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) (County) (Stote) factory, street, office bldg, etc. Hour o.m. While Not while, at wark at work 21. I certify that, I affended the deceased fram ...that I last saw the deceased and that death accurred all alive on from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE 3 should PHYSICIAN'S NAME [Type] 229 BURIAL CREMATION. 22b. DATE THEREO 22d. LOCATION (City CEMETERY OR CREMATORY (Stote)

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Lerthung S. Thousa

that

after death.

23. FUNERAL DIRECTOR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) Page a. COUNTY a. STATE **b.** COUNTY is necessary, Baltimore County MARYLAND Maryland Baltimore City b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral director. your wr to RURAL and give neerest town) 8 Baltimore 13. Maryland Mt. Wilson Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? refained he State B 3618 Bonview Avenue YES NO X 3. NAME OF Wilson State Hospital Middle 4. DATE Month Year DECEASED OF with the (Type or print) Richard R., MacCubbin DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR, F UNDER 24 HRS. may 1 2 with s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours a lest birthday) Months Days Hours WIDOWED [DIVORCED is in pencil in Item 18. Give Pages 1, 2, as so Office along with form PM3. Page 5 in a burlal-transit permit, file pages 1 and 2 emovel, and in any event yrs. 10e USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or fore an country) 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland - Baltimore Retired Elevator Opr. Retired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Cora Palmer Charles Maccubbin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | [Ifyesgivewerordatesofservice] Medical records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cormado declasion IMMEDIATE CAUSE (a) I rain DUE TO geve rise to immediate cause v) 10 **DUE TO** Congram The (e), stating the underlying Examiner PART I. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 19, WAS ALTOPSY CERTIFICATION PERFORMED? 2 e word cremat forwarded to the Chief Medical L DIRECTOR: Page 3 should by NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Pert II of item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, execute the certificate, writing th CAUSE OF DEATH. 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slate) factory, street, office bldg , etc.) Not While White al work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 💢 Inquiry X and in my opinion agent, Natural causes V Undetermined manner death resulted from-Accident Suicide Homicide CHIEF MEDICAL EXAMINER | ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country, REMOVAL (Specify) Lorraine Park Cem. Baltimore, Md. E40 9 246. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS. Charles E. Schimu 3331 Brehms Lane DATE JUN 13 '61 Schimunek Funeral VS. A15ME Home Cirthur & Triana 5M 7/59

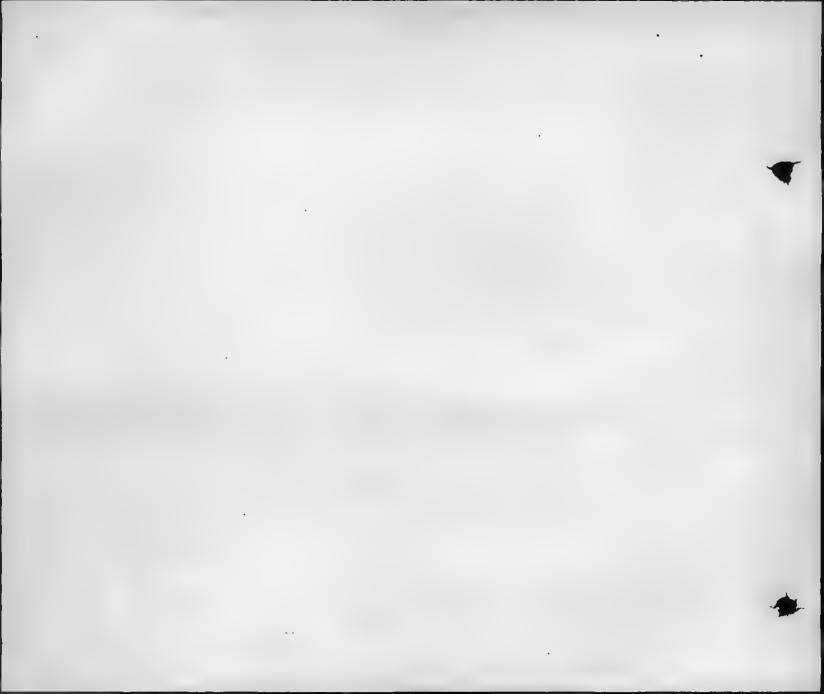


CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where decessed lived, If institutions has dence before edmission) 1. PLACE OF DEATH e. COUNTY **b.** COUNTY BALTIMORE HARYLAND) MARYLAND b. CITY OR TOWN (if outside corporate Limits. c. CITY OR TOWN (If outside corporete I mits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) CATONSVILLE BLADENSBUR Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5220 GHOVE YES NO 3. NAME OF Day DECEASED OF (Typa or print) DEATH 19 6/ pon withi 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED THEYER MARRIED physician and c lest birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE loraign country) done during most of working life, even if rat.rad) PAINTER . DECORATOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANCIS THRIDER M196 W117 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 116 SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unknwn) (If yes give war or datas of sarvice) RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and (c) ONSET AND DEATH DEATH WAS CAUSED BY: susbles IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying causa fast. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO 🔀 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of tem 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Do. PLACE OF INJURY (Home, farm. , 20f. (City or town) (County) (State) factory, straet, offica bldg , etc.) Whila Not While Hour e.m. at work roum. ane 27..., 19.6. /, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 19 G./, and that death occured at! saw the deceased alive on .. 20 SIGNATURE DATE ATTENDING DIRECTOR PHYS. PHYS. MD. FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town 23e. BUR AL, CREMATION, | 23b DATE THEREOF Washington D C Mt Olivet Cemetery 6/28/61 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) F. Gasch's Sons Circher S. Flower Hyattsville, Md. 15M 9/60

TON STREET, BALTIMORE 1, MARYLAND

1.1 70.3

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH WE Reg. Dist. No. director. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission o COUNTY MARYLAND funeral ofd be fi CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CIDAOR TOWN (If obliside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITALHIF no. d STREET ADDRESS hospital, give stree IS RESIDENCE ON A FARM? YES NO Z NAME OF Yeor DECEASED (Type or print) 19 9. AGE (In years lost bigthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAJE OF BIRTH Months WIDOWED ID DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during glos) of working life, sum if relired) 12 CITIZEN OF WHAT COUNTRY? OMES corbon generated 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16) 19. WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) o. m. While Not while at work at wark 21. I certify that I attended the deceased fram, that I last saw the deceased alive on and that death occurred ot_____ .M. from the causes and on the date stated above. ADDRESS (Streetwickly or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION CEMETERY CREMATORY 22d. LOCATION (City_Levin, or county) 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) Certing S. Huma 15M 10/57





within 24 hours after TO PESPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be granted within 24 hours described may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60

THE STATE OF

MARYLAND	STATE	DEPARTMENT	OF HEALT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
6509

1. PLACE OF DEATH a. COUNIY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Baltimore Maryland	a. STATE Maryland b. COUNTY -
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. C.TY OR TOWN (If outside corporate I m.ls, write RURAL and give neerest town)
Catonsville 17vr6mthlldvs	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS
SPRING GROVE STATE HOSPITAL	3515 Hickory Avenue YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
(Type or print)	rsh DEATH June 26 1961
	DATE OF BIRTH 19. AGE (In years 11F UNDER 1 YEAR IF UNDER 24 HRS.
male white	uly 15, 1900 last birthday) Months Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. B RTHPLACE, County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) truck driver Standard Brands	36 3
13. FATHER'S NAME	Laryland U. S. A.
Isaca Marsh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	Ida Jackson Address
(Yes, no, or unkown) ((fyes give wer or detes of service)	
	cords: SPRING GROVE STATE HOSPITAL
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6) Cardiac failure	
Tado DUETO	
Conditions, if any, which \ (b) Arteriosclerotic	cardiovascular disease
geve rise to immediate cause DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OF CHIEFER NOTIFY MEDICAL EXAMINER!	(Enter neture of injury in Pert I or Pert II of Item 1B.)
0	E OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour s.m. While Not While st work at work	ir, most, other order, steri
21. I certify that (I) (this hospital) attended the deceased from	June 5 101, to June 26, 19.61 that (I) (we) last
	death occured ar
22e. SIGNATURE	ATTENDING MED. STAFF 226. DATE SIGNED
Stella Wachsler M.	
22c. PHYSICIAN'S NAME (Type) Standard III about 1	22d. ADDRESS SPRING GROVE STAIR HOSPITAL
NAME (Type) Stella Wachsler, M. D.	Catons ville 28, Maryland
238, BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY	
Berral 6/30/61 Wrend Red	ge Belton la.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
: But E Chenone the 36/7 Minhon	Actor IVN 30 61 arthur S. Krama
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AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Mary land Baltimore MARYLAND b. CITY OR TOWN (if outside corporete I m ts, by the c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete aimits, write RURAL end give neerest town) write RURAL and give nearest town) 는 ~ 능 Fort Howard Baltimore Davs filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO TO McCulloh Stree 3. NAME OF DATE DECEASED ÓF (Type or print) DEATH CYRUS JUNE MARSHALL, Sr. 10 19 6. COLOR OR RACE , 7. MARRIED XX NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lest birthdey) Months Hours Colored Male WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) physician гетоуе 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Baltimore, Maryland Teacher Baltimore City U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Thorney G. Marshall Annie E. Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. INFORMANT Then (Yes, no, or unkown) | (If yes give were r detes of service) Clin. Rec. VAH, Balto. Md. Ft. Howard Division 215-14-3039 the Yes We T 215-11-3039 (ONSET AND DEATH PART I. DEATH WAS CAUSED BY: .MMEDIATE CAUSE (a) CORONARY ARTERY DISEASE UNKNOWN DUE TO (b) ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE UNKNOWN Conditions, if eny, which geve rise to immediate ceuse MALNUTRITION UNKNOWN (e), stating the underlying part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY certificate PERFORMED? () NO KO U56 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Pert I or Pert II of item 18.) 한 After 20c. TIME OF INJURY 20d. IN. URY OCCURRED | 20e, PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) Month, Day, Year tectory, street, office bldg., etc.) While _Not While Hour e.m. et work et work DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from March.....20..., 1961., to June 10....., 161..., that (1) (we) last saw the deceased alive on. June ... 10. ... 19.6] ... and that death occurred a 2:000, Mrom the causes and on the date stated above plnous 22b. DATE 22e. SIGNATURE ATTENDING SIGNED 8 8 PHYS. X X 61 DRECTOR PHYS. FUNERAL ector, page 5 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) TO C. BEYER. VAH.BALTO.MD. FORT HOWARD DIVISION 23e. BURIAL, CREMATION, 23b. DATE THEREOF 232. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) 048 June 14, 1961 Arbutus Memorial Park Baltimore, Maryland Buri al 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JUN 1 5 '61 Madison Ave Ciriling S. House 15M 9/60 Charles R. Law

hospital

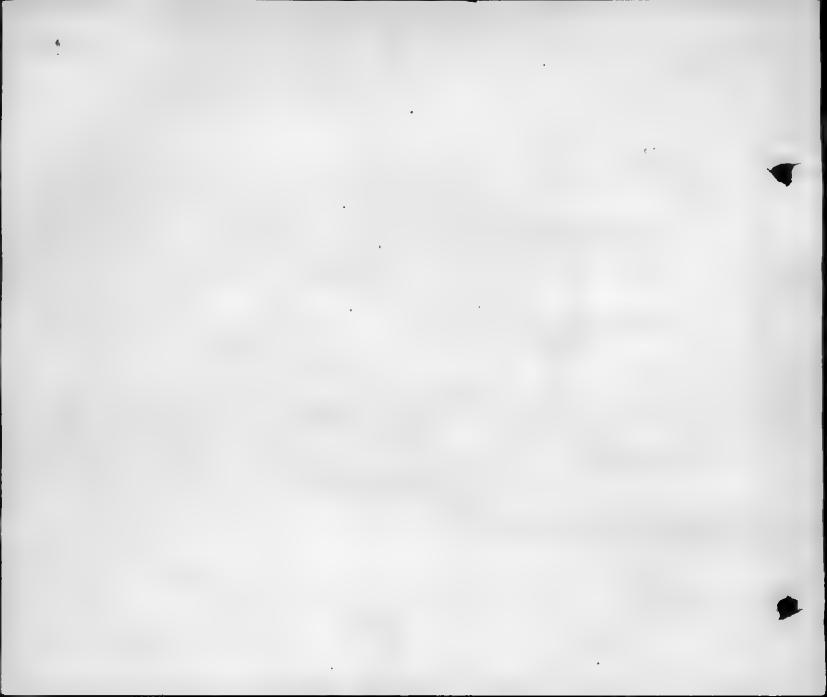
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o a committee

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission e. COUNTY I director. Page for your files. Soard of Health, raltimore o. STATE Tand b. countraltimore MARYLAND b. CITY OR TOWN III outs de corporate I m la write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Vr. Edgeme re /1a' d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Manning Avenue "anning Avenue YES NOTE of the DATE DECEASED A dectrary of 2 and 3 fars RAT.PH H 161 MARSHALL (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS rale Months Hours Feb-19-1910 Days WIDOWED [7] DIVORCED [7] 10s. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? dering most of working life, even if retired) Receiver IT.S.A. Arcrods Jorn. Pennsylvania m 18. Give Pages ing with form PM3. 13. FATHER'S NAME 34. MOTHER'S MAIDEN NAME William Marshall Sadie Lehr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Tra. Janet. 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH Office olong PART I. DEATH WAS CAUSED BY: Occ LUSION IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which pending m. j. gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMEDS Chief Medicol NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part f or Port II of item 18.) should 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) While Nat while factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year (County) (State) g. m. at work at work 2). I certify that I taak charge of the remains described above, held an Autopsy , Inspection ... Inquiry [73] and in my forwarded to DIRECTOR: opinion death resulted from: Notural causes 🔃 Accident 🔲. Suicide 🔲, Homicide 🔲. Undetermined manner 🗍 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ᅙ ASSISTANT MEDICAL EXAMINER [**EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL, CREMATION, 1226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) 6-75-61 Oak Lawn Cematiru 23. FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Wise Avenue A15ME arthur S. Through Raltimore 22 Md. 5M 2757



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

OCE 4 B

		€.
)	1. PLACE OF DEATH B. COUNTY	Bal.
ı	b CITY OR TOWN	flf ou

6528		CERTIFIC	AIE	OF DEATH			00	217	8
, PLACE OF DEATH				JSUAL RESIDENCE (Wh	ere deceased lived	If institution	Residence befor	re admissio	on)
Baltimor	3	MARYLAI	ND (Maryla Maryla	and '	. COUNTY H	arford		
b CITY OR TOWN (If outside carpor RURAL and give nearest town)	ote timits, write	c LENGTH OF STAY IN	1Б (CITY OR TOWN (If o	utside corporate lin	nils, write RURA	L ond give nec	rest town)	
Caton sville		9 days		Fallston, N	lary Land		1' x		
d. NAME OF HOSPITAL (If not in hose OR INSTITUTION	pitol, give street	oddress)		d. STREET ADDRESS				e. IS RESID	
7 - 5	TATE HO	S. ITAL		Box 24 -	Route 2			YES [
NAME OF	First	Middle		Lost	4. DATE	Month	Do	у У,	ear
DECEASED (Type or print)	lugene	Fulton		Martin	OF DEATH	June	14		961
S. SEX 6. COLOR OR	- · ·	RIED NEVER MARRIED	M B DA	TE OF BIRTH	9. AG		UNDER 1 YEAR	IF LNDER	R 24 HRS
male white	WIDOW	_		b. 24, 1081	1 1937 7	birthdoy) M	onths Doys	Hours	Min
Oa. USUAL OCCUPATION (Give kind a	work dane 10b.	KIND OF BUSINESS OR I					12. CITIZEN OF	WHATCO	OUNTRY?
during mast af warking life, even if groom	retired)	iding stable	Ì	Mary Land	1		U. S.	A.	
3. FATHER'S NAME	,			MOTHER'S MAIDEN N		^			
August Martin				unknown	12.6	· lint	141 8		
5 WAS DECEASED EVER IN U. S. ARM	ED FORCES? 16	SOCIAL SECURITY NO	J7 INFOR		Maria Ad	Address:	774	.9	۵
You no of unfrown) (If yes give war or unit lown	dates of service)	unknown	Reco	1 Clark	TG GROVE	JTA L	HUDAI	TAL	
1B. CAUSE OF DEATH [Enter only	one couse per l	ne for (a), (b), and (c).]						ERVAL BET	
PART I. DEATH WAS CAUS IMMEDIATE C	D BY:	Cardiac Fail	ure				ONS	SET AND I	DEATH
3 0 11	DUE TO								
Canditions, if any, which)	21-1								
gove rise to immediate	(b) DUE TO								
lying cause last.	(c)								
PART II OTHER SIGNIFICAN		CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(o) 1	9 WAS A	UTOPSY
Ě								PERFOR YES [
20a. ACCIDENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED. (En	ter noture of injury in I	Part I or Port II of	item 18.)			
OR CONTRIBUTING CAUSE OF									
20c TIME OF INJURY Month, De	y, Year 20d.	NJURY OCCURRED 20	e. PLACE C	OF INJURY (Home, farm	, 20f. (City or tov	vn)	(County)		(State)
Hour a.m.	19 While		foctory,	street, office bldg., etc.) [
			Υ	" 200	(7 , T.,	71	2047 4	. (1) (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
21 I certify that (I) (this ha					51 . to				
saw the deceased alive an	June_L	Lip 19 O.L and th	at death	accurred of	M, from the c	auses and a	on the date		.DATE
220. SIGNATURE	71. 1	1	M D.	ATTENDING MI	ED. STA	AFF rs [X]	6-14		SIGNED
22c. PHYSICIAN'S	NCE 1	m	M D.	22d ADDRESS SPR	RECTOR D PH			PITAL	
NIAME IT	Hsu, M.	D.		- 1777 7 17				. I I HL	
			DV - D - C - C		tonsville				
3a BURIA CREMATION, 23b DATE	MEREOF	23c, NAME OF CEMETE	KT OR CRI	MAIORY	23d. LOCAT ON (City town, or c	ounty)	(Stote	1,

TO FUX: RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely file, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages the State Boord of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HO VR A15 (4) 15M 9/59

the attending physician and campletely file in by the funeral director. Then please remove corban papers. Pages 1 and 2 should be filed with

ours after death. Page 4

AL MR ATTINDING MHYSICIAN: The low requires that the death contificate be executed within

tune

250 REC'D BY REGISTRAR DATE UN 1 9 '61

256 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY **b. COUNTY** by the i and 2 s death. MARYLAND b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN TH write RURAL end give peerast town) TON SUILLE <u>.= =</u> ■5ed ON A FARM? hours YES NO IX papilirs. NAME OF Middle Yaer 72 DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE IF UNDER 24 HRS. 19. AGE (In yeers HE UNDER 1 YEAR) 7. MARRIED T NEVER MARRIED last birthdey) Months Days Hours even evom. 10a. USUAL OCCUPATION (Give kind of work 106. K NO OF BUSINESS OR INDUSTRY B RTHPLACE (County & State, or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retirad) HOUSEKEEPER FOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. (Yas, no, or,unkown) | (liyesgive war or datas of service 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a INTERVAL BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gava risa to immadieta causa DUE TO (a), stating the undarlying ceuse rest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY 2 3 PERFORMED? NO Prior 20s. ACCIDENT WAS UNDERLYING 1 20s. DESCRIBE HOW INJURY OCCURED. (Enter natura of in ury in Part I or Part I of item 18.) OR CONTRIBUTING | CAUSE OF DEATH ched for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month Day, Yaar factory, street, offica bldg., atc.) Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from. , and that death occured III. St.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE **ATTENDING** SIGNED STAFF DIRECTOR PHYS. PHYS. 22c. PHYSIC AN'S 22 - NOORES NAME (Type) 23d. LOCATION (City 230. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR. (State REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60

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CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND funeral uld be fi CLITY OR TOWN (If outside comprote limits, write RURA), and give nearest town) GTY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b CONJEL d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 50 YES NO 4. DATE Mrddle Month Day. DECEASED (Type or print) DEATH UNE 196 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE_OF BIRTH Months Days WIDOWED | SUAL OCCUPATION (Give kind of yarj-done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or Joreign country) 12 CITIZEN OF WHAT COUNTRY? ting mm) at working lifet even if fetyfod FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DECIUSION DUE TO Arterios devotic C.V.D. Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO NO heumatic 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. m While Not while of work at work ., 19___that I last saw the deceased [21. I certify that I attended the deceased from _ _, and that death occurred at_____ alive an _M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) D RAGUSIN NAME (Type) BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 22d. OCATION (City, town, ec county) (State) FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D SY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE JUN arthur & Kracia

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) . PLACE OF DEATH **b.** COUNTY MARYLAND OR TOWN (If outside corporate l'mits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE ON A FARM? YES NO DECEASED OF DEATH (Typa or print) 19 6. COLOR OR RACE AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED [lest birthday) Months Hours WIDOWED I OVe 12. CITIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) (Ifyes give war or dates of service) INTERVAL BETWEEN DEATH WAS CALLED ONSET AND DEATH Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18), 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO L 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I of itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, ! 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not Whila Hour a.m. at work at work 19..... 21. I certify that (I) (this hospital) attended the deceased from ... 10..... that death occured 2011, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGN DRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, I REC'D BY REGISTRAR SUNERAL DIRPCTOR'S SIGNATUR VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



1 4 2	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUR STATE	6532 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06516
HEALTH DEPT.	I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if institution: Residence before edmission) e. COUNTY b. COUNTY
cessar or. Pag r files. Healt	Baltimore Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
is ned	Sparrows Point, Md. Baltimore-24 d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS le. IS RES DENCE
delay neral ned fo the Box	Eethlehem Steel Co. Dispensary 3004 Beverly Rd.
retair retair he Sta	3. NAME OF DECEASED (Type or print) ERNEST Lambert Meisel Death 6 - 5 1961
d 3 to ay be with the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers F UNDER 1 YEAR IF UNDER 24 HRS.
2, and 2 mid 2 hour	Male White , WIDOWED DIVORCED / -23-/903 57 yrs. 100 USUAL OCCUPATION (G ve kind of work 100 KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Bages 1, Page es 1 ain 72	Carpenter Steel Maryland USA 13. FATHER'S NAME
PM3	Frank N. Meisel Katherine E. Booker
Se de la se	15. WAS DECFASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Nyes give war or detes of service)
ocuted n frem g with it per	1B. CAUSE OF DEATH [Enter only one cause of line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY: 1 1 1 1 1 1 1 1 1
be exe salon l-trans	IMMEDIATE CAUSE (a) CO) ON MY GUCCIUSIM SUMM
in pould Office Office buria	Conditions, if any, which age is to immediate cause (b) (b) perhans 100
ndiral iner's d as a	(e), staling the underlying DUE TO cause lest. (c)
certifi rd "pe Exam se use ation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
E Wol edical ould to	YES NO 200. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of Item 18.)
fing the inef Mainef Ma	CAUSE OF DEATH. Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
XAM e, writhe Cities Cities or to	Hour s.m. p.m. 19 et work et work
AL E	21. I certify that took charge of the remains described above, held an Autopsy , Inspection Inquiry and in my opinion death resulted from Natural causes! Accident , Suicide , Homicide , Undetermined manner
The central wards	ACTUAL CHIEF MEDICAL EXAMINER C
CY M scute 1 be for SAL 1 gnate	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
UNE ONE	NAME (Type) ACIC COLLING Address (Street, city, lown, or county) 226, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stote)
0 2 4 0 p	burial 6-8-61 Loudon Park Cemetery Baltimore, Md. 23. FUNERAL DIRECTOR ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	Leonard J. Ruck 5305 Harford Rd. DATE JUN 7 '61 Cultury S. Knows
Ash.	



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH			
I director, filed with	1	PLACE OF DEATH O. COUNTY O. STATE 2. USUAL RESIDENCE (Whore deceased lived in institution: Raidence before of mission) O. STATE A TO N S. V I L E MARYLAND O. STATE A TO M S. V I L E MARYLAND O. STATE A TO M S. V I L T O. STATE A TO M S. V I L T O. STATE O. S			
death.	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest lawn) 12 D2-Tuesawell arms.			
by the full of 2 should	7	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION St. Joseph's Nursing Home 2828 Ashland Avenue ON A FARM? YES NO			
thin ly fil death.	3	NAME OF DECEASED Elizabeth First Mate jea Middle Michael Lost OF DEATH OF Day Year (Type or print) Chizabeth (matejka) michael DEATH 6 22 19 6/			
d wi		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE (In years last birthday) Months Days Hours Min.			
and component paper of haurs o		OUSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State of foreign country) Accusing most of working life, even if retired) Accusing Housewife TOSEPH STRETCZEK 14. MOTHER'S MAIDEN NAME CATHERINE PLETRIK			
I sician within		3. FATHER'S NAME JOSEPH STREJCZEK Catherine Pietrik 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address			
death certifi	=	If yes give wor or dates of terrical 05-4475 Clfred Wichael - Cc (17 C) 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)]			
the dir		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure Due to			
equires that is signed by the it permit. T		Conditions if any, which gove rise to immediate couse (a), stating the underly lying cause last. (b) Arteriosclerosis 20 yrs. (c)			
he law r physicic nas been rial-trans nation, a	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WE SEE THE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WE SEE THE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WE SEE THE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WE SEE THE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WE SEE THE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WE SEE THE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WE SEE THE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WE SEE THE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WE SEE THE PART II OTHER SIGNIFICANT CONDITION GIVEN IN PART II OTHER SIGNIFICANT CONDITION GIVEN				
CIAN: T trending hificate l tre bu int, crem		200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
PHYSIC tol or or this cer or use as	2	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED Hour a.m. 19 While at wark at wark 19 At wa			
NDING a haspi : After ched fo		2) 1 certify that (I) (this hospital) attended the deceased from 2/28/61 19 to 6/22/61 19, that (I) (we) loss saw the deceased alive an 6/22/6119, and that death accurred at 5 pm from the causes and an the date stated above			
R ATTEI d by the RECTOR be deto of Heal		220 SIGNATURE ATTENDING MED DIRECTOR STAFF 6/22 /61			
At Of At Directory Shauld B		22c. PHYMCIAN'S NAME (Type) 1011 Frederick Rd. 28-Md.			
may FUNCK	2	30 BURIAL CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Jawn or county) Hof (State)			
Q E Q T T T T T T T T T T T T T T T T T	2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE WACH FUNERAL PLANE & & DATEMIN 2 7 61 OLIVER & HUMAN			
		In Evach of a			





Baltimore. Md.

funeral

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DIRECTOR:

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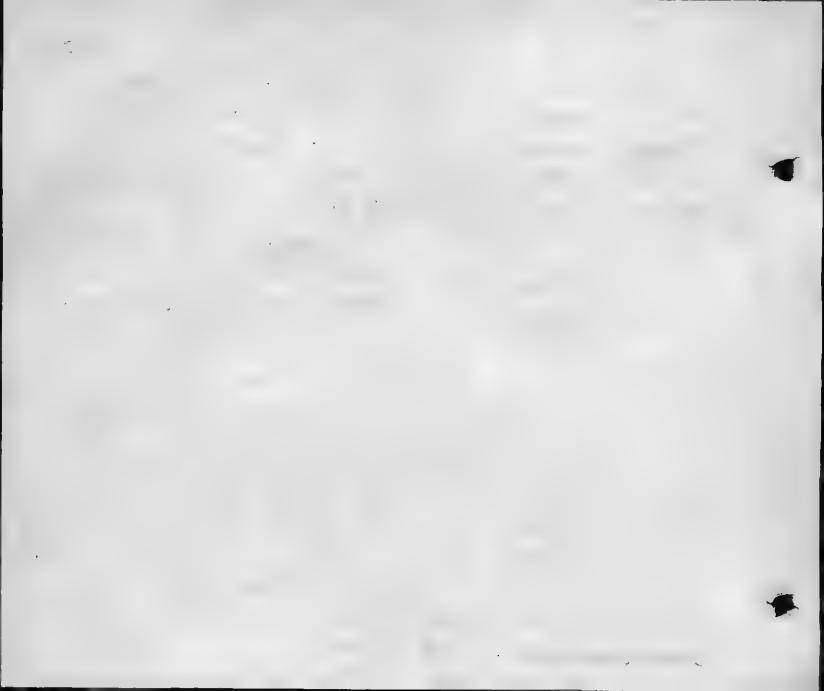
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY BAITEMONE \$ 7 £ MARYLAND MANYIAN STY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) β write RURAL end give nearest town) . = → Filled aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) & STREET ADDRESS IS RESIDENCE ON A FARM? 5400 YES NO ely NAME OF Midd.e Dey DECEASED OF compi (Type or print) DEATH MUZRS 19 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and lest birthdey) Months Hours WIDOWED I DIVORCED physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dong during most of working life, even if retired) please aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMAN' Address (Yes, no, or unkown) | (If yes give we rar dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if env. geve rise to immediate couse **DUE TO** (e), stelling the underlying cause lest. PART IL OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 2De ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH After 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. ef work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from......., 19....., that (1) (we) last saw the deceased alive on 220. SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL CREMATION, 235, DATE THEREOF 23c HAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) EMOVAL (Specify) 9 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

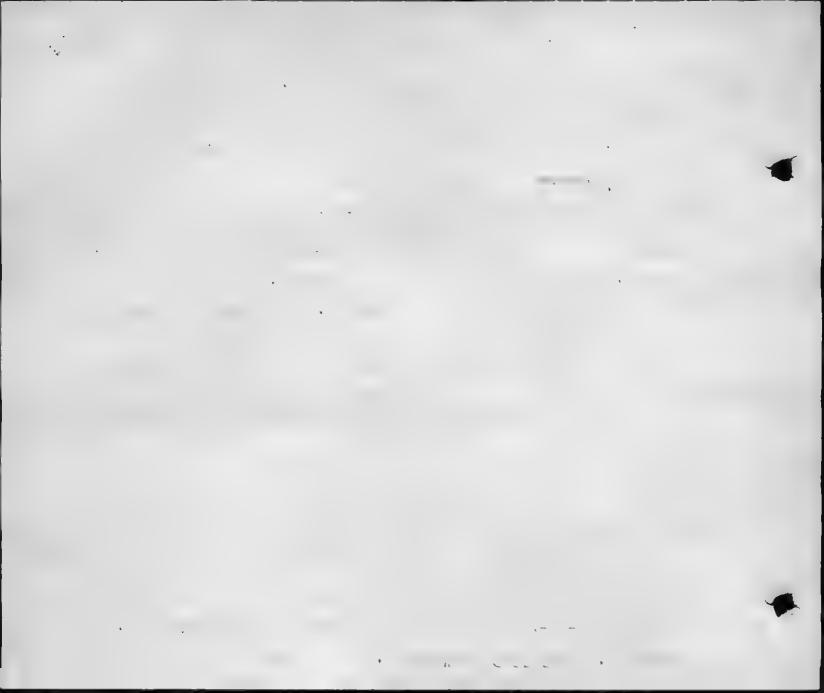
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY **b.** COUNTY timore 유무 MARYLAND and b. C:TY OR TOWN (if outside corporete l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Ξ. owson owson Pages ' aff filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Dixie Drive Dixie Drive YES NO 7 3 NAME OF Middle DECEASED 1961 (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lest birthday) Months Hours ema WIDOWED [DIVORCED physician 100. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY B.RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME please attending property of the please WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17 INFORMAN Address (Yes, no, or unkown) | (If yes give wer or dates of service) Harry 4 same 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). permit. INTERVAL BETWEEN sigmed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which certificate has b∎e■ gave rise to immediate cause **DUE TO** (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 1 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (Cfty or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While Whila Hour a.m. at work at work have 17, 1961, that (1) (we) last DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type filed, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) 를 용 emeteru 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S

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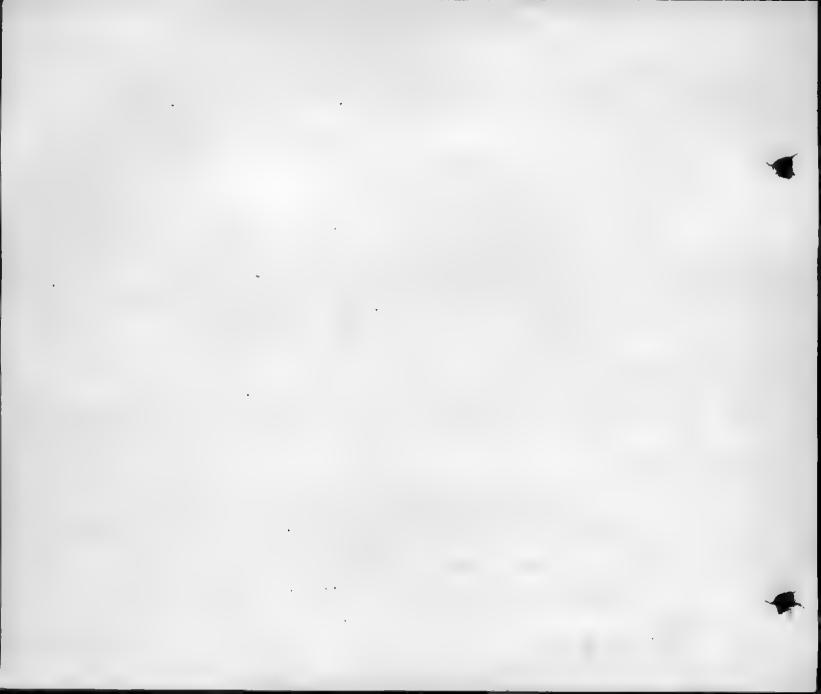


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		6530 CERTIFICA	TE OF DEATH	06522
	1 P	LACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence of STATE Manyland b. COUNTY Bu	ence before admission)
	Ь	CITY OR TOWN Of autside carporpte limits, write RURAL and any nearest fawn) Caus newell West 5.	c. CITY OR TOWN (If outside carparate limits, write RURAL and	d give nearest tawn)
	d	OR INSTITUTION NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS Cherrydell Road	e. IS RESIDENCE ON A FARM? YES NO
		IAME OF First Middle ECEASED Type or print) Lutherine Marie (Lost 4. DATE Month OF DEATH Month	Day Year /7 196/
	5 %	Smale White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (Ip-years light withday) Manth yrs.	ER I YEAR IF UNDER 24 HRS. Days Haurs Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL. during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12.C	STIZEN OF WHAT COUNTRY
1	13. (ather's Name	14. MOTHER'S MAIDEN NAME Klein	
/	15. \ (Yes,	NAS DECEASED EVER IN M. S. ARMED FORCES? 10 SOCIAL SECURITY NO. 17 I	NO Mildred E. Smuth - White	Marsh-Md
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Provided Augustian CAUSE (b)	"Decompensation	INTERVAL BETWEEN ONSET AND DEATH
		Canditrons, if any which) (b) Corrections as	lerosio	1837.
		gove rise to immediate cause (a), stating the under-lying cause last. DUE TO (c) Fareralized	artrioschrosis	103/1.
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19 DEATH BU		ART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
		206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II af Ilem 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Plant o. m. 19 While Not while at work at work	LACE OF INJURY (Home, farm, 20f. (City ar tawn) actory, street, affice bldg., etc.)	(Caunty) (State
		21 I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 6 12 - 1961, and that	death accurred a 23M, from the causes and on	
		Wilmers K. Lallages	M.D. PHYS. DIRECTOR DISTAFF	22b.DATE SIGNED
		22 PHYSICIAN'S NAME (Type) Wilmer K. Gallager	6209 Frederick Rd. Balle	more, Md.
	230	BUR AL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY CONTRACTOR OF CEMETER CONTRA	OR CREMATORY 23d. LOCATION (C'ty hown, ar caunt	M (State)
	24	FUNERAL DIRECTOR'S SIGNATURE / Calon Evall-7	A-MA 250. RECID BY REGISTRAR 256. REGISTRAR'S	SIGNATURE



within 24 hours after de Page 4 may be retained by the hospital or attending physician.

LERAL DIRECTOR: After this certificate has been signed by the attending physician and controlled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6539

CERTIFICATE OF DEATH

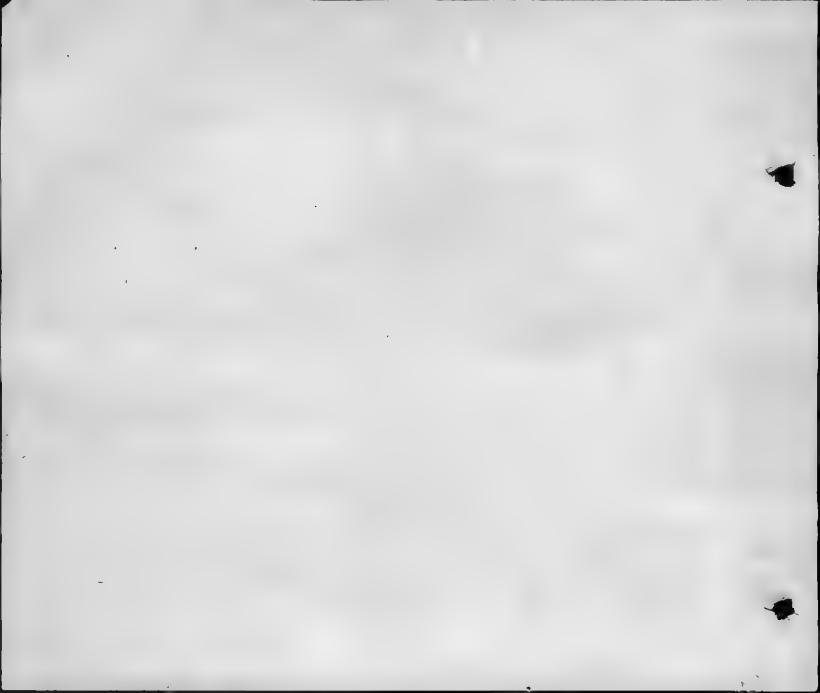
e, COUNTY	II III	2. USUAL RESIDENCE (Wh		or 1 Kesidence Detore edm ssion)
Baltimore	MARYLAND	"Maryland	b. COUNTY	Queen Annes
b. C.TY OR TOWN (if outs de corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. C.TY OR TOWN (IF outside	corporate limits, write RURA	L end give naerest town)
Fort Howard	22 Days	Centreville		j . m
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		E . IS RESIDENCE
Veterans Administration Ho				ON A FARM?
3. NAME OF First	_			YES NO X
DECEASED	Middle	Last 4. DJ		Dey Year
(Type or print) WALTON	C. ORF	ELL	ath June	6 19 61
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers IF UND	
Male White WIDOW	ED D VORCED X	ctober 26,1889	last birthday) Month	is Deys Hours Min.
10e. JSUAL OCCUPATION (Give kind of work 10b. I	CIND OF BUSINESS OR INDUSTRY		ta, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if ratired) Tax-Collector	COME TAX	Chastowherm	See See M	77
13. FATHER'S NAME	JUNE 197X	Chestertown, 1	mary Land	U. S. A
W. C. Orrell		Come Chow-		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IE	Cora Story	Address	_
(Yes, no, or unkawn) (Ifyesg vewerordelesofservice)	Cli	nical Records,	VAH, Baltimore,	Maryland
	14-03-3917		Fort Howard Di	
18. CAUSE OF DEATH [Frier only one cause per	line for (a), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CAR	DIAC ARREST			3 MIN
DUE TO MYO	CARDIAL INFARCT			RECENT
•	ERIOSCLEROTIC H			
geve rise to immediate cause	THE STATE OF THE STATE OF THE	THUT DISEASE		UNKNOWN
(a), stating the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS COL		RELATED TO THE TERMINAL DISI	EASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER S.GNIFICANT CONDITIONS CO. Pulmonary Edema. Tumor, 200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 20b CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER!	left lung.			YES NO X
200. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or	Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year 2Dd Hour a.m. Whil	INJURY OCCURRED 20a. P.A.C	E OF INJURY (Home, ferm,) 20f.	(City or town)	County) (State)
Hour a.m. While		ry, street, office bldg., etc.)		
		May 15 461	. Tuna 6	162
21. I certify that 10 (this hospital) after	ided the deceased from	8:15		1901., that (We) last
saw the deceased alive on June 6	19	death occured alpM,	from the causes and c	
22e SIGNATURE	0	ATTENDING MED.	STAFF	22b. DATE SIGNED.
homes	aleque MI	PHYS. DIRECTO		6/1/61
22c. PHYSIC AN'S NAME (Type)		22d. ADDRESS		
THOMAS F. CRAHAN, M.D.	ANT AN	VAH, BALTO_I	18 MD, FT. HOW	ARD DIVISION _
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		LOCATION (City, town or ed	
Burial June 9-1961	Windlawn W	General Re	itiso m East	on Mary land
24) FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY R	REGISTRAR 256. REGISTRAN	R'S SIGNATURE
Whood Preta & Buta Bus	(Gutherol.)	Vacy Card DATE JUN 13		S. Kraus
portura gant of vector 1245	John Taring /	DAIE SOIE 1 O		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Fin G/40 HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Page e. COUNTY files. Health, b. COUNTY is necessary, Baltimore Maryland Carroll MARYLAND b. CITY OR TOWN (f outside corporate | mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mils, write RURAL and give nearest town) director. write RURAL and give neerest town) Reisterstown 15 min. Westmoreland Street d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? e funeral retained he State YES NO 6 Hanover Road Westminster 3. NAME OF Midd.e 4. DATE DECEASED OF the the (Type or print) RALPH STERLING OSTERHUS DEATH 23 June 19 61 affer 310 5 With 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED may by de 2 wir SEX 8. DATE OF BIRTH 19. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) d be executed within 24 hours after del pencil in them 18. Give Pages 1, 2, and ice along with form PM3. Page 5 may ial-transit permit. File pages 1 and 2 w Months May 15. 1916 Days Male White Hours and 2 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 Congoleum Nairn Ind Carroll County, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Osterhus Grace Gallaway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown), (If yes give war or dates of service) Office along with burial-transit permi Congoleum Nairn Inc. Records- Cedarhurst. Md. ves This certificate should be executed 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYpue IMMEDIATE CAUSE (a) Goronary Occlusion 30 min. **DUE TO** removal, Conditions, if any, which (b) gave rise to immediate cause "pending" is execute the certificate, writing the word "pending" bud be forwarded to the Chief Medical Examiner's INERAL DIRECTOR: Page 3 should be used as a designated agent, prior to buriel, gremation, me rem DUE TO (e), steting the undarlying cause last. PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO P 20%. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NURY OCCURED. (Enter nature of injury in Part | or Pert II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. none none 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. al work mone none none at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 12 and in my opinion Natural causes x Suicide death resulted from: Accident . Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE AID DEPUTY MEDICAL EXAMINER 6 - 23 - 61EXAMINER'S D. D. Caples, M. D. 6 Hanover Rd Reisterstown, Md. NAME (Type) 228, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Pleas A Sh Pr REMOVAL (Spacify) 0 Church of Gdd Burial June Carrol Rural-Westminster, Mu. 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **ADDRESS** VS. A15ME * JUN 2 9 '61 arthur & Kenya Myers Funeral H me, Willis t. & Lon well 5M 7/59

Westminster. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



ESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 6541 funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) PLACE OF DEATH e. COUNTY by the tand 2 s death. MARYLAND E. LENGTH OF STAY IN 16 e, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in o. IS RESIDENCE ON A FARM? YES NO TH NAME OF Middle DECEASED OF 1967 (Type or print) DEATH 5 SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday] эпо Months Days Hours physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired 13. FATHER'S NAME please affending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) (,fyes give war or dates of service) an. 18. CAUSE OF DEATH (Enter only one cause per line for (a). (b) and (c). INTERVAL BETWEEN ONSET AND DEATH signed by 2 YRS 2 months MMEDIATE CAUSE (a) DUE TO ARDIO VASCULAR DISPASE has been gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY certificate PERFORMED? as BRONCHITIS ASTHMATIC NO (관 RONIC use 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of 'njury in Part I or Part II of stam 18.) etached for After this ģ 2Dd. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour e.m. el work el work 21. I certify that (I) (this hospital) attended the deceased from JAN. 23 , 1956, to June 8 , 1961, that (I) (we) last 19. . . . and that death occurred at 1.20 M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSIC AN'S 5000 OF CEMETERY OR CREMATORY (State) directed be file BURIAL, CREMATION, 1 23b REMOVAL (Specify) 10 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/mm arthur S. Kroun DATEIN 1 2 '61

AND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

651.0 CERTIFICATE OF DEATH

lution: Residence before edmiss onl

d					E30	13Zh
	. PLACE OF DEATH • COUNTY Baltimore	i t		CE (Where decessed lived	d, If institution: Residence	a before admiss on)
Α	Datormore	MARYLAND	" Hary	land b. co		
	b. CITY OR TOWN (if outside corporate limits, c. a. write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CIY OR TOWN (I	If outside corporete limits,	write RURAL and give n	eerest town)
	Catonsville	nth 26dys	Baltimor	re	- t	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	ive street eddress)	d. STREET ADDRESS			a. IS RESIDENCE
	_ SPRING GROVE STATE HOSPI	TAL :	30 South B	Pulaski Str	3 t	YES NO
	3. NAME OF First	Midd e	Last	4. DATE M	North Day	Уеег
ı	(Type or print) Charles		Pall	DEATH JU	me 20	1961
		EVER MARRIED 8 DAT	TE OF BIRTH	9. AGE (In ye last berthde		F UNDER 24 HRS.
	male white wooders	whiteh □ 1	901, March		month, boys	Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			sty & State, or foreign cour	ntry) 12. CITIZEN OF	WHAT COUNTRY?
	miner cons	truction	Russia MAIDEN	NAME	Russia	ž _
\	THE STATION IN SECURITY	1 170.				
)	unknown	(unknown			_
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no op op unknown) (Hyes give we for deles of service)	AL SECURITY NO. 17. INFO! ・ロネ・ギギaむ	RMANT	Add	dress	
	unknown vove unknown	own Reco	ords: SPR	RIN GROVE	STATE HOS	PITAL .
Ì	18. CAUSE OF DEATH [Enter only one ceuse per line for	(a) (b), end (c).]	. 0		INTE ON:	SET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	orac fa	une	2		_
	22.1 DUE TO 1	. 0. 1	/.	0.	0-	
	Conditions, if any, which \ (b)	wordenor	cc car	no vas c	war	
	gave rise to immediate cause (a), stating the underlying DJE TO	1.				
	cause lest.	diseas	•			
	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART TO 19	
	2					→ ⊃RMED?

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED

23c. NAME OF CEMETERY

20e, PLACE OF INJURY (Home, ferm, 201. (City or town) factory, street, office bldg., etc.]

(County)

YES

(Stete)

22b. DATE

SIGNED

NO

21. I certify that (I) (this hoppital) attended the deceased from.....June 8

20c. TIME OF INJURY Manth, Day, Yeer 19 D. 111.

While Not While et work at work

1961.

saw the deceased alive on. 220. SIGNAJURI

22c. PHYSIGHAN'S

REMOVAL (Specify)

23. BURIAL, CREMATION, | 23b.

ATTENDING PHYS. 22d. ADDRESS

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.)

and that death occured at 8.P.M, from the causes and on the date stated above

(State)

25e. REC'D BY REGISTRAR

DATE THEREOF

2 '61

TO HO TIME ON ALLEMENTS. Services of altending physician.

deal. Age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and an actual forms. VR A15 (4) 15M 9/60

director, be filed

funeral

filled in by the f Pages 1 and 2 s

any event, within 72 hours after death

and

or removal.

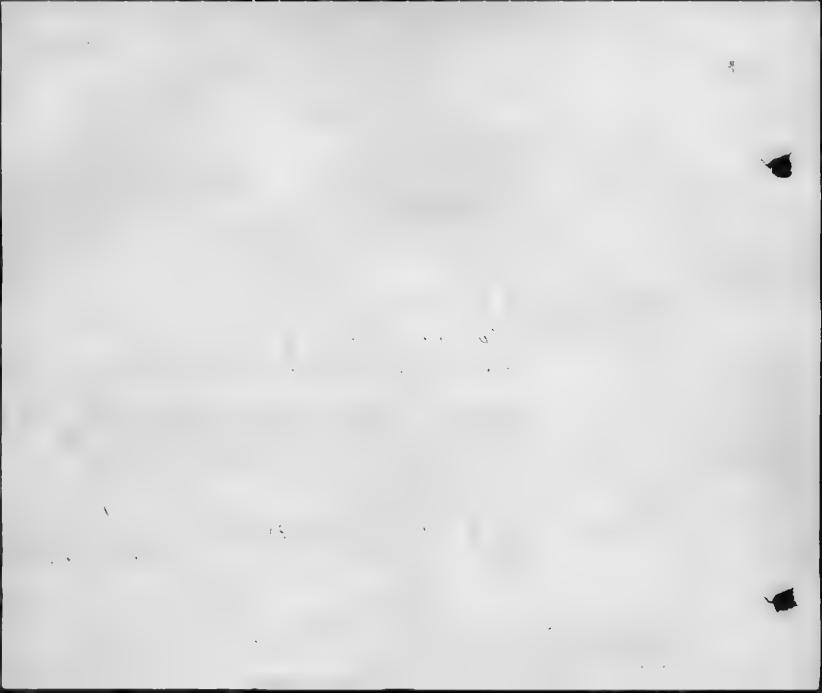
burial, cremation,

of Health prior

carbon papi

within 24 hours after

The law requires that the death certificate be



VS A15 (4) 15M 9/58

	(543		CERTI	FICA	ATE OI	DEAT	H		Reg. D	ist. No.	U	550
1	PLACE OF DEATH	timore		MARY	LAND	2 USUAL o. STAT	residence (w laryla:	/here decease nd	d lived If ins b. COU	ritorion. Reside NTY Ba	nce befor		sian)
T	b CITY OR TOWN (If RURAL and give ned Catonsvill	rest town)	its, write	c LENGTH OF STAY	IN 1b	c. CITY		outside corpo	prote limits, wr	ite RURAL ond	give nea	irest fawi	n)
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital,)					et address	ederic	k Ave.			ON A	SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Bennett B	roum				Last	4. DATE OF DEATH	June		.6 D a		Yeor 19 61
5	male	6. COLOR OR RACE White	7. MARRI	IED MEVER MARRIE		DATE OF	6/05		9. AGE (In your lost birthd)		Doys	Hours	ER 24 HRS Min.
10	during most of working U.S. Custo	ng life, even if retired	dane 10b.	Governent	R INDUS		thplace (Slot arylan		auntry)	12.CI	TIZEN OF	WHAT	COUNTRY
13	FATHER'S NAME					14 MOTH	IER'S MAIDEN	NAME					
	Edgar Par	rlcs				1 3	rene S	chinbe	rg				
15 (Y	WAS DECEASED EVER is, no, or unknown) (19	IN U. S. ARMED FOR	service]	216-10-87		NFORMANT S Haze	el Park			Adole Av Le, 28,			
1/20.1 DUE TO									RVAL BE	DEATH			
No	Conditions, if on gave rise to im couse (o), stating the lying couse lost. PART II. OTHE	mediate DUE TO	}	ONTRIBUTING TO DEA			. :				RT 1(o) 1	9. WAS	AUTOPSY ORMED?
CERTIFICATI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.)							.)		YES [
MEDICAL	20c TIME OF INJURY Haur a.m. p. m.	Month, Day, Ye	While	JURY OCCURRED Not while at work			IRY (Home, far office bldg., et		y or town)		(County)		(State
	21. I certify the	it I attended the	decease	ed fram 9	- []	194	52 to 1	1-16		62,that 1.1	ast sav	v the c	decease
	alive an	6-16-	., 196	L, and that	death			M, fram		and an th		state	
SIGNATURE Wilmer K. Jallager M.D. 6								rede		AUE	• 6	2-1	6-61
	PHYSICIAN'S NAME (Type)	Imer 1	r.G.	allager		B	altim			Md.	100 th to the	, .	
22	BURIAL, CREMATION REMOVAL (Specify) Durial	6/20/61	OF .	Baltimor				1 -	timore.	wn, ar county) , I.d.		(Sta	te)
23	FUNERAL DIRECTOR'S F.C. "Hainbo			ADDRESS Ellicott	Ci ta	. Fd.		UN 21		REGISTRAR'S S			



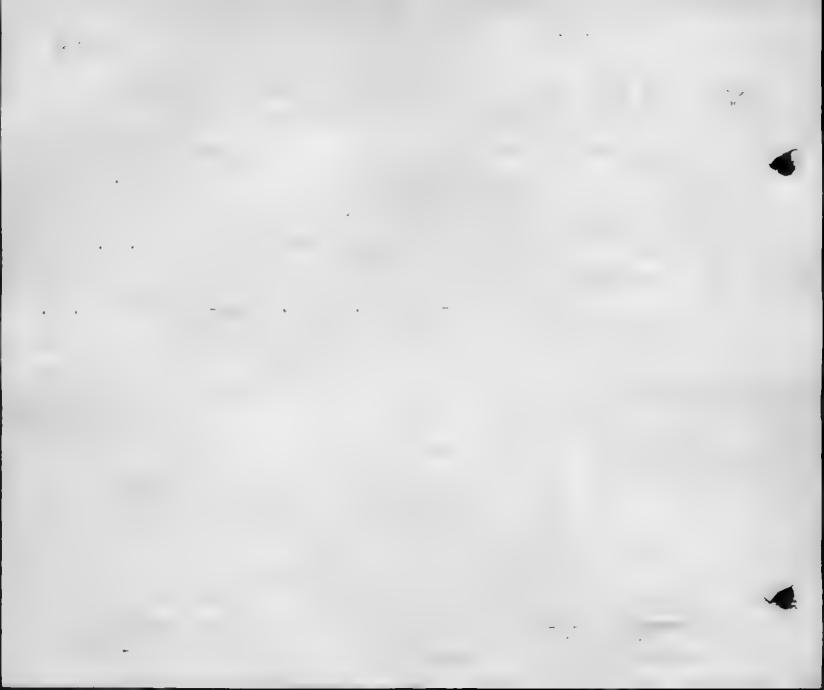
FOR STATE HEALTH DEP TO D. IT MILICAL EXAMINE. This mentificate should be minimated within 24 hours after death. I delay is necessary, plear recute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fles. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

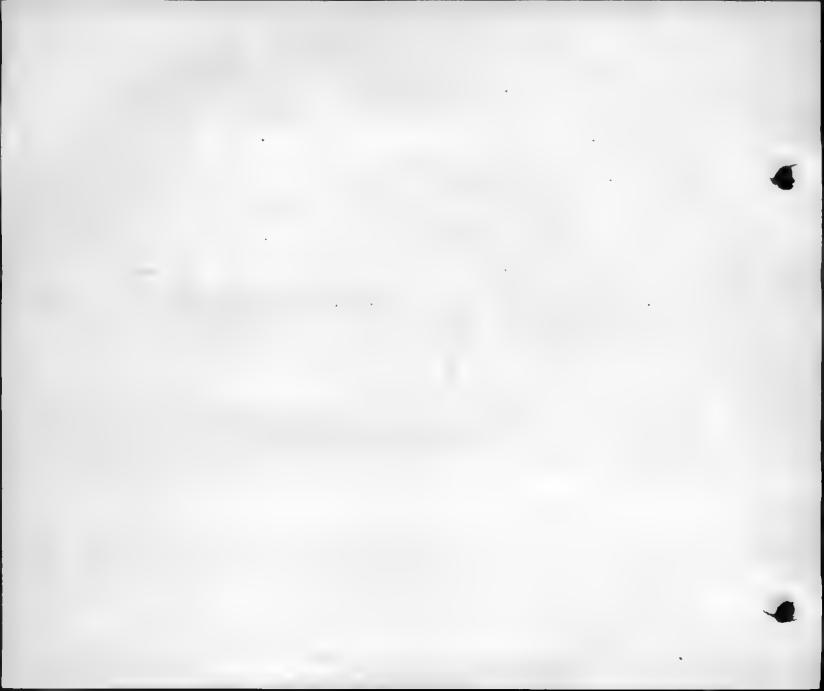
VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06528

T.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edm ssion) 5. COUNTY 2. A. A. COUNTY 2. A. C.
1		BALTIMORE MARYLAND STATE MC. 6. COUNTY BALTO.
	1	b CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town)
_		Towson 10WSON
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. :5 RESIDENCE ON A FARM?
	2	NAME OF First Middle Last 14 DATE Month Dev Year
3/4		DECEASED 1
		SEX 6. COLOR OR RACE 7, MARRIED 8. DATE OF BIRTH 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 Hrs.
)		WI WIDOWED DIVORCED 6-3004 last birthday) Months Days Hours Min.
		. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE (Stelle or fore gin country) 12, C.TIZEN OF WHAT COUNTRY?
	_	ne during most of working life, even if relired) ostal Deliveryman U.S. Post Office Maryland USA
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	_	John Thomas Peterson Mary Florence Torbit
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address is, no, or unknown) (Ifyes give wer or detes of service)
		No None 125-42-5962 Family Records 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
		DADT I DEATH WAS CALISED BY. ONSET AND DEATH
		MINISTRAL CAUSE (6/6
		Conditions, if ony, which (b)
		geve rise to immediate cause
		(e), steting the underlying Cc (c)
,	Ñ	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 e) 19 WAS AUTOPSY PERFORMED?
	2	MENTAL DEPRESSION
	CERTIFICATION	2De EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY I or Pert II of Item 18.) CAUSE OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or lown) (County) (State) Hour e.m. While Not While fectory, street, office bldg., etc.)
	MED	p.m. 19 et work et work
2.		21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
·/		death resulted from. Natural causes Accident Suicide Homicide Undetermined manner
		ACTUAL MALLEMAN PALOS ASSISTANT MEDICAL EXAMINER DATE SIGNED
		SIGNATURE M.D.
		NAME (Type) WILL imms A. PILLS BURY Address (Street, City, John, Fredunty)
	22e	BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stotal)
		Burial June 30.1961 Moreland Memorial Park Parkville, Maryland
	23.	FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE John Burns Sone, Towns Maryland 15 161 Cultural Street
		John Burns! Sons, Towson, Maryland DATEJUL 5 '61 Continue of France

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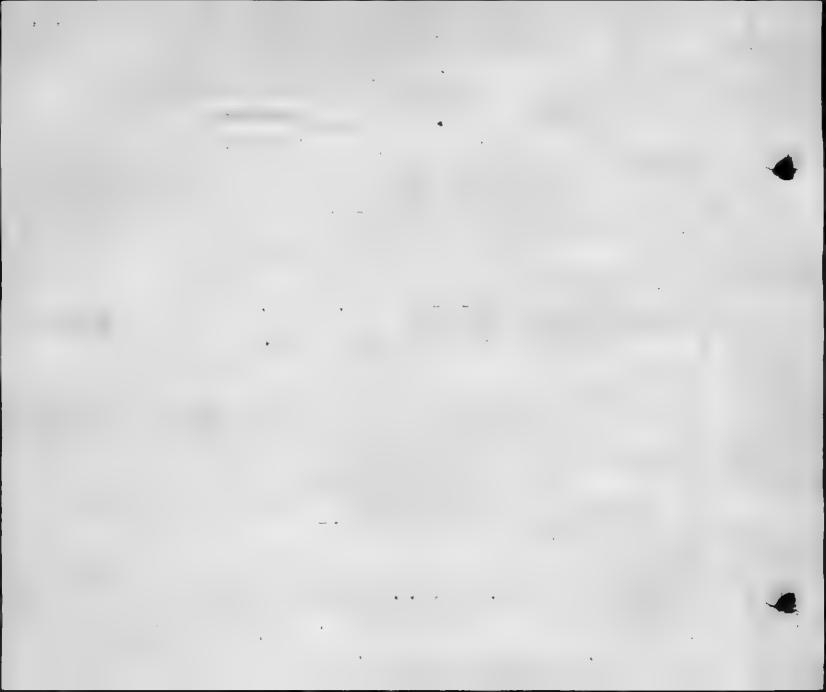
please execute the certificate, writing the word "pending" in pendi in item 18. Give Pages 1, 2, and 3 to the fuseral director, Page 2 should be forwarded to the Chief Medical Examiner" of the form PM3. Page and a second for your files.

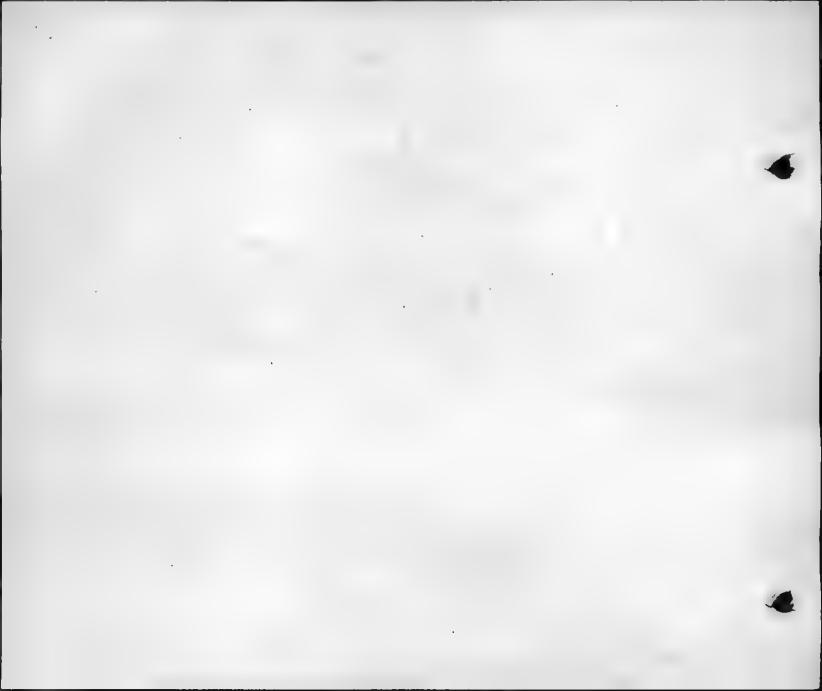
IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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	VS.	AISME
	5M	9/60

	MAKILAND SIAIR DEPARIMENT OF REALIN	
Division of S	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH	LAND O
FSZ7	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00001

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
e. COUNTY Baltimore MARYLAND	* STATE Maryland b. county Baltimore
b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown)
Parkville 3	Parkville
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give streat address)	* 6 STREET ADDRESS . IS RESIDENCE
7806 Ardmore Avenue	7806 Ardmore Avenue
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year
(Type or print) FREDERICK EUGENE	POLANCO DEATH June 3 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, last birthday) Months Days House Min
Male White WIDOWED DIVORCED	4-18-1896 65 41
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Dentist	Dominican Republic USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eugene Polanco	Aurelia Payan
	NYORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	Mrs. Mary (. Polanco same
18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
BART I DEATH WAS CAUGED BY	ONSET AND DEATH
UMMEDIATE CAUSE (*) Arteriosclerotic	ieart Disease.
1/L().() DUE TO	
Conditions, if eny, which (b)	
(e), stelling the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CATION TO THE PARTY OF THE PART	YES IN NO
	inter natura of injury in Pert I or Pert II of Item 18.)
	CE OF INJURY (Home, farm, '20f. (City or fown) (County) (Stata)
Hour a.m. While Not While section of the class of the cl	OIT, MEET, DILITO MEET, TIC.)
21. I certify that I took charge of the remains described above, he	old an Autopsy X. Inspection . Inquiry . and in my opinion
death resulted from: Natural causes X. Accident , Suic	ide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE (Lacks S. Tetty -	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 6/3/61
NAME (Type) Charles S. Petty, M.D.	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, lown, or country) (State)
remation 6/6/61 Green Moun	t (em. Baltimore, Maryland
23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR (246. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Roa	do DATE JUN 5 '61 Chilury S. Kraus
	I VAIE





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH haurs ofter death. Page 1. PLACE OF DEATH o. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neares) town) RURAL and give negrest lown) Dundalk Dundalk (22)d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS 25 6919 Ridgeway Road 6919 Ridgeway Road NAME OF DECEASED Middle 4. DATE OF DEATH (Type or print) HENRY WILLTAM POWELT. June 30th 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years ost birthooy mala white WIDOWED | DIVORCED [12.1898 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Welder Steel Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Powell Bette Davis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 213-07-7234 Pansy B. Powell as #2 no 18. CAUSE OF DEATH [Enter only one couse per film for/(o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ner hen s' ne Cendiarescular de Conditions, if ony, which gove rise to immediate DUE TO cause (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY buriof-tr 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc. Hour a.m. Not while at work ot work I certify that I attended the deceased fram. and that death accurred at 8:00AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL (2 Kinship Road PHYSICIAN'S NAME (Type) Jack C. Collins, M. D. Baltimore 22. Maryland

VS A15 (4)

270. BURIAL CREMATION, 226. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

Boonesville, Virginia 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

Valter Brooks Bradley, Inc., Dundalk 22, Md DATE JUL 6

22c. NAME OF CEMETERY OR CREMATORY

Gentryes Cemetery

Cathan S. Frank

Reg. Dist. No. 6533

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

(County)

Hours

INTERVAL BETWEEN ONSET AND DEATH

TU

PERFORMED? YES NO TO

(Stote)

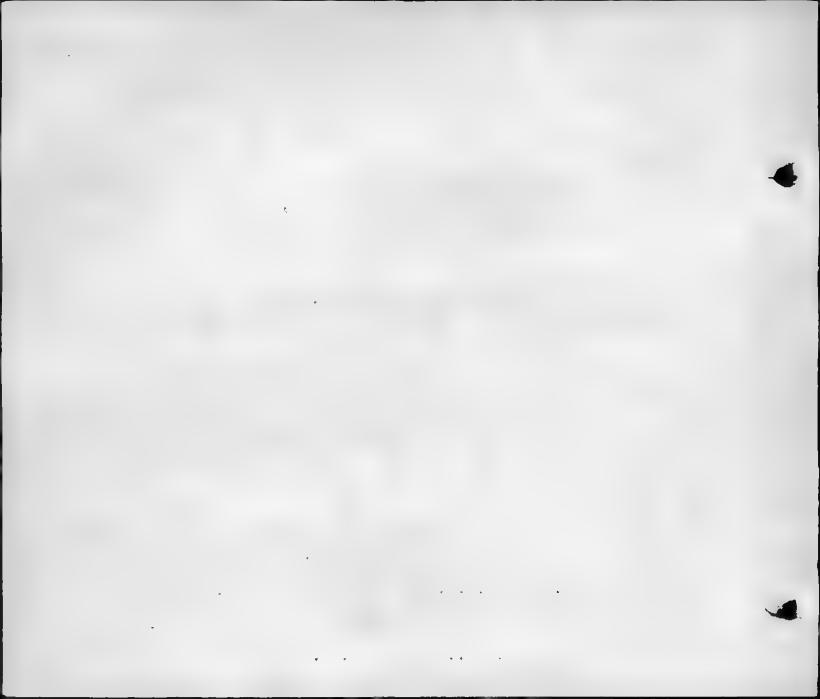
12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO.

Yeor

19 6]



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6550

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06534

		LACE OF DEATH	3 1			2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MODAL Deceased lived. B. COUNTY						
			DALTIMO		MARYLAND	111	PRYLA	UD "		Notes	rty	
	Ł	DIIDAI and awa no	outside corporate limits, s	write c. LENGTH	OF STAY IN 15		OWN (If autside	_	s, write RURAL	and give neare	st tawn)	
		CORL	SLILIE	1 3	rears	<u>S</u>	TOCK	ron	1			
	C	J NAME OF HOSPITA	L (If not in haspital, give	street address)		d. STREET A	DDRESS		. ,	e	IS RESIDENCE	
		OR INSTITUTION	ASCNIC	HOM	L				3.		ON A FARM?	
		NAME OF DECEASED .	First		Middle	last	4. 0	DATE OF ~	Manth	Day	Year	
		Type or print)	N. 1.3M	HOLL	AND	PRICE	= 1	DEATH	UNE	11	196/	
	5. 9	SEX	6 COLOR OR RACE 7.	MARRIED NEV	ER MARRIED 🔲	B. DATE OF BIRTH	1	9 AGE			UNDER 24 HRS	
		M		IDOWED .	DIVORCED 🗌		-1869	4	_yrs.		Hours Min	
	10a.	 USUAL OCCUPATIO during most of working 	N (Give kind of work daning life, even if retired)	e 10b. KIND OF BU	ISINESS OR INDU		-	The same of the sa		CITIZEN OF W	HAT COUNTRY?	
		CYSTER	BUSINESS			P	クみRYL	.ANU		U	-5	
	13.	FATHER'S NAME	_	1		14. MOTHER'S	MAIDEN NAME					
)		GIDL	EON PI	RICE		T A	NOP	A	DAM	5.		
			IN U. S. ARMED FORCES		URITY NO. 17.	NFORMANT	10	1	Address	01	. a . p	
	[1.00	NO	T yes, give wor or come or service	No	NE	Free	uf Z	Shirt	L'hi-	Coche	pulle	
			TH [Enter anly are cause	per line far (a), (b). and (c)]				//		AL BETWEEN	
-		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g)										
		4	DUE TO	2 -	4 .	V- 1	2 ,	,				
		Canditians, if an	" which	Meleno	Delin	rate l	kedio	Jasa	clar	2	3/ War	
		gave rise to in	mediate	000				c (7	
		cause (o), stating t	he under- DUE TO		1 weare						V	
	_	lying couse last.	(c)_	Table Castron Tib	10.70 001711 011	LIOT OF LITTE TO	TIPETER LINE I	DISEASE COND	TION OWEN IN	BART 11-1 10	VACALITORY	
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(t) 19. WAS AUTOPSY PERFORMED? YES \[\text{NO} \text{NO} \]										
	ii.	20g. ACCIDENT WA	S UNDERLYING 17 20	b. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature a	Finjury in Part I	or Part II of ite	m 18.}			
	0	OR CONTRIBUTING	CAUSE OF DEATH			. , .						
	MEDICAL	20c. TIME OF INJURY	Month, Day, Year	20d. INJURY OCCU	E.	ACE OF INJURY (I		Of (City or town	}	(County)	(State)	
	AED A	Hour a.m. p.m.	19	While Not will at wark at wark	1110	ciury, sireer, unice	olog., elc.)					
	^	_	t (I) (this haspital) o			クーフ	1958	, to 6-	. 9	06/ 100	(I) (we) last	
			/			death occurred						
		saw the deceose	ed dive an		i. / and that (death occurred	1 011. SW	from the co	uses and on	the date s	toted above.	
		220 SIGNATURE	prulie	F. C	Cus	M D. PHYS	MED DIRECTO	OR STAF		6/	SIGNED	
		22c. PHYSICIAN'S		,		22d. ADDRE	SS	•		_	-	
		NAME (Type)	WALTE	RTK	EES		0614E	45010	LE, 1	17		
	23a	BURIAL CREMATION BURGVAL (Specify)	6-14-61	Gunh	Presby	R CREMATORY	23d	Stock to	n. Mar	vland	(State)	
N												
*	Who	FUNERAL DIRECTOR'S	SIGNATURE 1217 St	Paul St	reet		25a. REC*D BY	REGISTRAR	25b. REGISTRAR			
	140						DATE TUN	1 3 '61	Onthu	7 S. France	A	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

Months

It imal

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Claring & House

.that I last saw the deceased

(Slote)

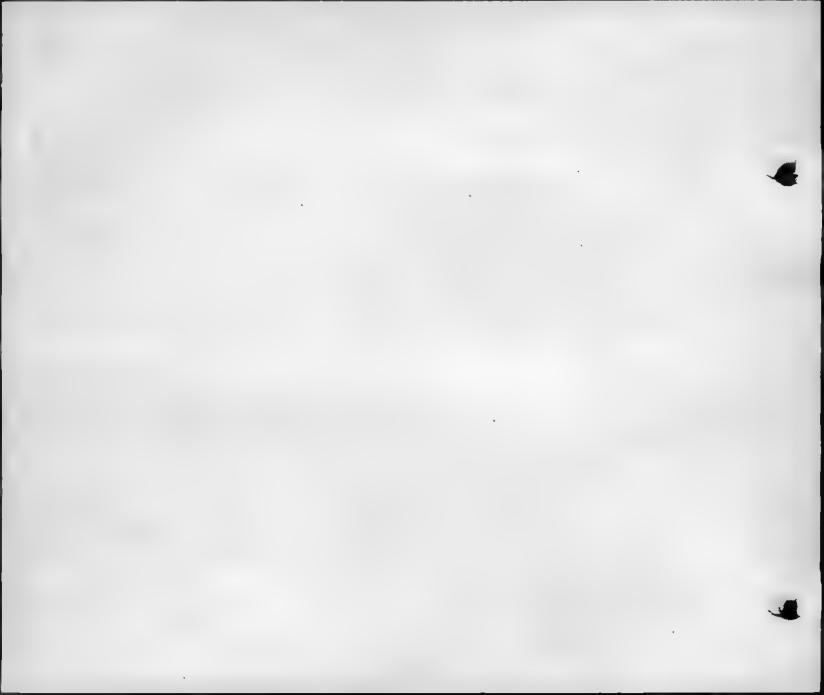
e IS RESIDENCE

ON A FARM? YES NO

PERFORMED? YES 🔲 NO 🗷

(State)

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on) a. COUNTY **b.** COUNTY Baltimore District of Columbia MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearast town) Š write RURAL and give nearest town) 113 Davs Fort Howard 113 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington filled d. STREET ADDRESS Veterans Administration Hospital DATE DECEASED OF (Type or print) DEATH June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months August 8. WIDOWED [DIVORCED [Male Colored physician 10e. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY 11. ERTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) District of Columbia
14. MOTHER'S MAIDEN NAME File Clerk 13. FATHER'S NAME attending pt Then please i John H. Reeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Anna Washington (Yas, no, or unkown) | (Ifyasgive war or dates of service) 578-12-2227 Clin. Rec. VAH, Baltimore 18, Md. - Ft Howard Div. e e 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY-SQUAMOUS CELL CARCINOMA OF ESOPHAGUS IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediata cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8) 19. WAS AUTOPSY Cachexia 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part It of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While __Not While al work at work may be retain DIRECTOR: 21. I certify that A (this hospital) attended the deceased from. January. 18. 1961 to June. 10,, 19.61 that (0) (we) last 22a. SIGNATURE DIRECTOR | UNERAL

\$ 5° 0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE Arlington S Phillips

REMOVAL (Specify)

N Monroe St Rel timore 17 Md

1236. NAME OF CEMETERY OR CREMATORY

J. Cillo, M.D.

Arlington National Cemetery Arlington Virginia 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Cittur & Thomas

VAH, Baltimore 18 Md - Ft Howard Div.

23d, LOCATION (City, town or county)

e. IS RESIDENCE ON A FARM? YES NO-F

19 61

TE UNDER 24 HRS.

ONSET AND DEATH

PERFORMED? NO Y

(Stata)

22b. DATE

SIGNED

UNKNOWN

U.S.A.



AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

aurs after death. Page

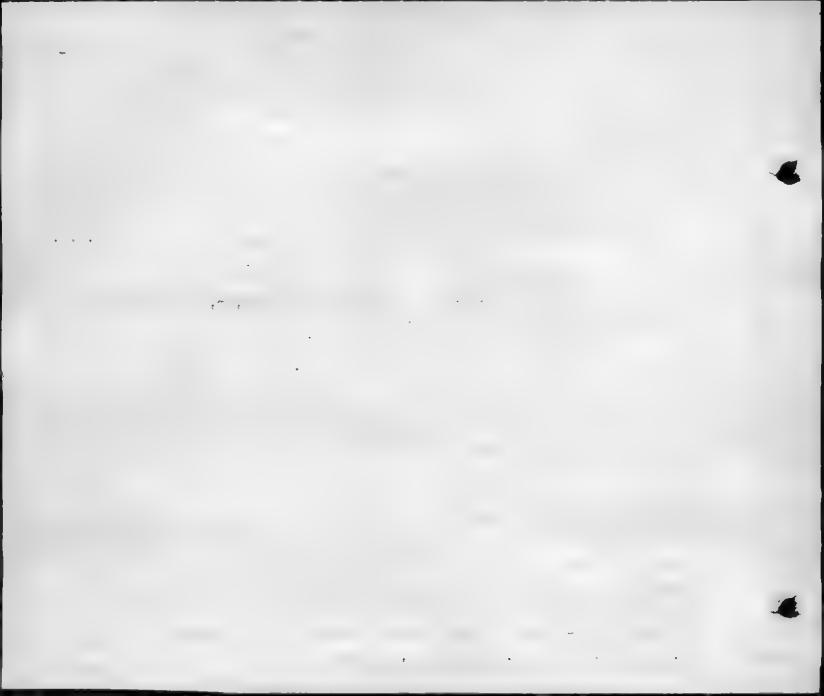
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

€553 CERTIFICATE OF DEATH

Reg. Dist. No.06537

1. PLACE OF DEATH o. COUNTY Balt	imore	MARYL	NO.	2. USUAL RESID	ence (wi	here decease	d lived. If institut b. COUNTY		e before odm	
b. CITY OR TOWN (If out RURAL and give nearest Cockey	side carporale limits, write town) sville	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cockeysville						rwn)
d, NAME OF HOSPITAL (I OR INSTITUTION 2910	f not in haspital, give stre Greentop Ro	· ·		d. STREET AL		eento	p Road			RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	First Myrtle	Middle Elizab	e th	Lost Ree	se	4. DATE OF DEATH	JUA	16	Day 16	Year 196/
5. SEX 6. 6	* * *	RRIED NEVER MARRIED		April 1	5, 19	901	9. AGE (In years flast birthday) yrs.	IF UNDER Manths	YEAR IF UN Days Have	IDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country)						ZEN OF WH	AT COUNTRY?			
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME				
Ch	arles Grant	t McKaig		Ida M	ay M	cKaig				
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	17. 1N	FORMANT			Add	ress	Cooles	aremill
no	gra va a com or savice)	hone	He	enry Dav	id R	eese,	Jr, 2910	Green	top Ro	Jovini
		line for (a), (b), and (c).	,						INTERVAL ONSET AN	BETWEEN
PART t. DEATH V	/AS CAUSED BY: (e)	- FREBRAL	1+6	MORR	HITGH	ton.			3	HR5
and the same of th	DUE TO	E von con con con con con con	o				7			
Canditions, if ony, a		PERTENSIVE	15	REBKOV	175K U	LIHR	VISCOS	E	5	YRS
cause (a), stating the s	DITE TO									
lying cause last.	(c)	CONTRIBUTION TO DOLL								
PART II. OTHER S	IONIFICANT CONDITION	S CONTRIBUTING TO DEAT	<u> </u>	NOI KELATED TO	THE LEKWI	INAL DISEAS	E CONDITION GI	VEN IN PAKI	PER	FORMED?
	IDERLYING [] 20b. D	ESCRIBE HOW INJURY OC	URRED	. (Enter noture af	injury in I	Port I ar Par	t 11 of item 18.)		163	□ NO []
20g. ACCIDENT WAS UN OR CONTRIBUTING D C (IF EITHER, NOTIFY MED	AUSE OF DEATH			,						
Y 20c. TIME OF INJURY N Hour e. jr. p. m.	Whi		De. PLA foct	CE OF INJURY (H lory, street, office	ame, farm bldg., etc.	, 20f. (City	ar town)	(0	aunty)	(State)
21. I certify that I	attended the dece	ased from JUN	EI	2, 1961	to J	MNE	16 . 196	.that I I	ast saw th	e deceased
alive an Jus		1.1	leath	occurred at	1	PM, from	n the causes			
01.11		11.6					treet, city or town			DATE SIGNED
SIGNATURE WALL	earner n	Kooning	A	A.D. 206	6 Y	ORK :	KD.		6/1	9/6/
PHYSICIAN'S WILL	imm A. Pic	, USBURY		Tim	10 N/10	um	md.		/	
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMET					TION (City, town,		(S	lole)
BURIAL	6-19-61	Loudon I	ark				altimore			
Wm. Cook, Inc.		ADDRESS	Rel			D BY REGIS		ISTRAR'S SIG		
	4 2021 200.	- wat ofteel	201	rowmor.	DATE JU	N 2 0 '	, .			

-15 (4) 9/55



MARYLAND	STATE	DEPARTMENT	OF HEALTI

MARIEAU STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLANI

		1554	ERTIFICATE	OF DEATH		OCESS
-		PLACE OF DEATH a. COUNTY	1 m G207 9,	2. USUAL RESIDENCE	(Where deceased rived, If institut	ion: Res.dence before admission)
	·	Baltimore	MARYLAND	e. STATE	Boltimone	
	Ł	b. CITY OR TOWN (if outside corpore) limits, write RURAL and give nearest town) Baltimore	NGTH OF STAY IN 16	1	Baltimore pulside corporele limits, write RURA	
		d. NAME OF HOSP TALOR INSTITUTION HE GO! IN 10 SP. 18.	ve street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		531 Stevenson Lane		/ 1108 Sleep	y Dell Court	YES NO DE
	- 1	NAME OF First	Middle	Last " !	OF Month	Dey Year
		(Type or print) Stanley	G. Remingt	on	DEATH June 23,	
	5.	SEX 6. COLOR OR RACE 7. MARRIED N	IEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UN lest birthdey) Mont	hs Deys Hours Min.
		Male White WIDOWED	D VORCED	Sept. 5th 187	<	us pays Hours win.
		. USUAL OCCUPATION (Give kind of work no during most of working life, even if relired)		11. BIR IPLACE (County	& State, or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
	400.0		on Books	Baltimore,	MA T	.S.A.
		FATHER'S NAME		4. MOTHER'S MAIDEN N	AME	
		unknown		unknown	^	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	L SECURITY NO. 17. IN		Address	
1	(Yes	(liyesgivewerordatesofservice)	Man	Tohn T Dami		D 22 G
	- T	18. CAUSE OF DEATH Enter only one cause her line for	a), (b), end (c),	Soun I. Well	ngton-1108 Sleer	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY.	my Sec	kulan		ONSET AND DEATH
į		IMMEDIATE CAUSE (e)			_	Colone
į		201 DUE TO	Jalela .	I (- V)		
		Conditions, if any, which geve rise to Immedieta cause	10000		say.	
		(a), steting the underlying DUE TO				
		cause lest. (c)				
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING TO DEATH BUT NOT	RELATED TO THE TERMINA	L disease condition given in	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	22	206. ACCIDENT WAS UNDERLYING [206. DESCRIBE H OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURED.	Enter netura of injury in Pe	rt I or Part II of îtam 18.)	
	¥.	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY		E OF INJURY (Home, ferm,	20f. (City or town)	(County) (Steta)
	MEDICAL	at weak a	ot While factor	y, street, office bldg., stc.)		
	-	P.01. 17 1 E		Z12/24 1 10	52 10 hum) 3	19.6 / that (1) (we) last
		21. I certify that (I) (this hospital) attended the	/ 1 //		M, from the causes and	
		saw the deceased alive on.	.17.52, and mar o		MAI, Itolia ilia canzaz aud	226. DATE
		The second		ATTENDING ME	D. STAFF	SIGNED
		22c. PHYSICIAN'S	AV_ M.O	22d. ADDRESS	10 L 1113.	D/15/01
			Marr, Jr.	6201 York	Road, Balto	. 12, Md.
	23a	BURIAL, CREMATION, 236. DATE THEREOF 23c.	NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, town or	county) (Stata)
K		rial 6-26-61 New	Cathedral C	emetery	Baltimore, Mary	land
A.	24	FUNERAL DIRECTOR'S SIGNATURES PROSE	ADDRESSINCE	aula 250. REC'E	BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
	1	m & Sectioner Son 1200	6 17 1R	DATE	UN 2 6 '61 Cin	Unit of Throng
	F					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

_	-			
[,]	6	5	3	Q

		ACE OF DEATH COUNTY Ba	ltimore		MA	RYLAND	2. USUAL RESIDENCE (W o. STATE		ed lived If institut		ce before a	mission)
	Ь	CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (If	autside carp	orote limits, write	RURAL and	give nearest	town)
		Caton	sville		1 mth 70	lys	Baltimore				SV	1 / 10
4.	d.	OR INSTITUTION	AL (If not in hospital, g	ive street	t oddress)		d. STREET ADDRESS					RESIDENCE
	SP	PRING CRO	VE STATE	HOS	PITAL		<u>675 Washi</u>	ngton	Blvd.		YE	S NO X
	DE	AME OF ECEASED ype or print)	Fir Cha	rles	Midd Newn	_	Richards	4. DATE OF DEATH		onth	Day	19 61
	5. SE	X	6. COLOR OR RACE				B. DATE OF BIRTH	<u></u>	9. AGE (In years	IF UNDER		NDER 24 HR
		male	white	WIDOW			March 9, 189	0	lost birthday) 71 yrs	1 1110111111111111111111111111111111111	Doys Ho	urs Min
	10a. t	LSUAL OCCUPATIO		one 10b	. KIND OF BUSINESS		TRY 11. BIRTHPLACE (State		cauntry)	12 CIT	IZEN OF WH	ATCOUNTRY
		florist s					Georg	ia		U.	S. A.	
	13. FA	ATHER'S NAME					14. MOTHER'S MAIDEN					
\setminus		Josep	h Kichards				Mary Wille					
7	15. W	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	. SOCIAL SECURITY N	17, IN	FORMANT		Ad	dress		
		known			unknown	Re	cords: SPRI	NG GI	ROVE STA	EH	OSPITA	L
	_		TH [Enter only one co	use per 1	line for (a), (b), and (c).]					INTERVA	L BETWEEN
		PART I. DEAT	TH WAS CAUSED BY:	D	ecompensai	torv h	eart failure				ONSEL	ND DEATH
		4130	DUE TO									
		Conditions, if any, which) (b) Arterios clerotic heart disease										
		gave rise to immediate Course (a), stating the under-										
		lying couse last.	ne undar-	A	rterioscler	cosis.	generalized	and .	severe			
	Z	PART IL OTH					NOT RELATED TO THE TERM			IVEN IN PAR	RT 1(a) 19. W	AS AUTOPS
Ъ	CATION											NO [
1		200 ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED). (Enter noture of injury in	Part I or Pa	ort II of item 18.)			
	MEDICAL	Oc. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Yes	While	INJURY OCCURRED Not while ork of work		CE OF INJURY (Home, for tary, street, affice bldg., et		ty or tawn)	((County)	(Stot
	2	21. I certify that	(I) (this haspital) atten	ded the decease	d from	May 5 19	61 .ta.	June 12	2, 19	61, that	(l) (we) la
	S	saw the deceas	ed alive anป	une	12 1961, ar	nd that d	eath accurred at 2:	M, fran	the causes a	nd an th	e date sta	ted abave
	2	220 SIGNATURE	Luetta	1	-			LED.			12-61	22b DATE SIGNE
	2	22c PHYSICIAN'S NAME (Type)	V				Table 1 and 1	RING		STA Œ	HO SPI	TAL
			Loretta H	su,	M. D.		Ca	tonsy:	ille 28,	Marul	and	
		BURIAL, CREMATIO	N. 236 DATE THEREC	F	23c NAME OF CE	METERY OF			ATION (City, lawn,			(State)
	Βυ	REMOVAL (Specify)	6/14/6		St. Pe	ter	s Cemetery	Bal	timore	Mar	vland	
	24, FL	UNERAL DIRECTOR'S			ADDRESS		25a REC	D BY REGIS	STRAR 25b, REG	SISTRAR'S SI	GNATURE	
	H	oward H.	Hubbard	X	4107 Wi	lken	s Ave. DATEU	N 1 4 '6	i1 C	Ilun S.	France	

TO HIT OR ATTENDENCE PRYSICIAN: The last requires that the seath sertiticals be exacuted within account upons unter upons.

TO FULTALL DISCORDS. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in ony event, within 72 haurs after death. ours after death. Page AL OR ATTENDING PHYSICIAN: The fam requires that the ideath merificate be exacuted within

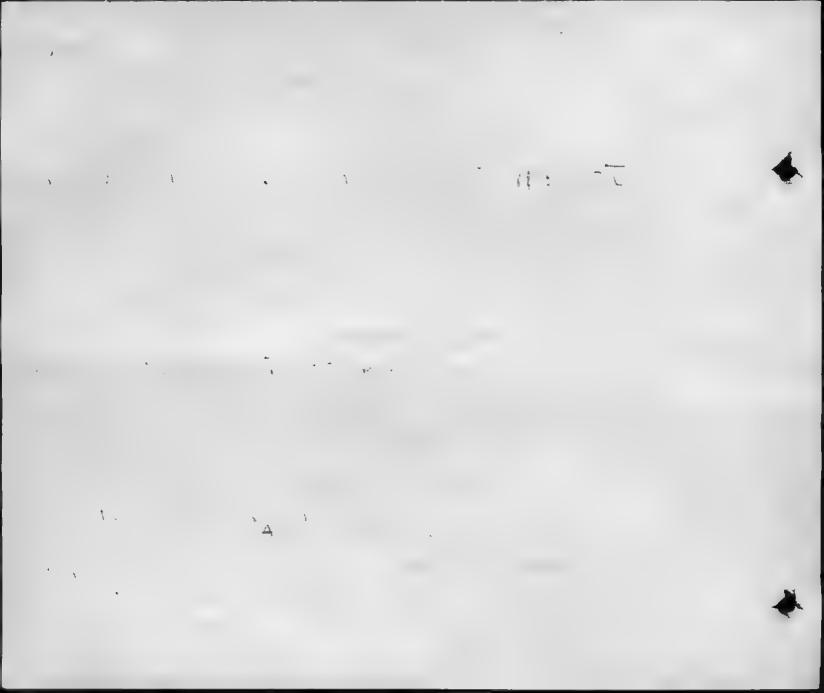
VR A15 (4) 15M 9/59



W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECOR CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH a. COUNTY 12 P MARYLAND and b. CITY OR TOWN of outside comprate limits. ELENGTH OF STAY IN 16 ٥ write RURAL and give neezest town! Pages 1 urs after Rupa YOR S 72. filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 90 papers. n 72 hou completely NAME OF DECEASED (Type or print) carbon r 5. SEX 7. MARRIED NEVER MARRIED and WIDOWED DIVORCED event, physician ove 10e. USUAL OCCUPATION Give kind of work 106 KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) CRang Operator 13. FATHER'S NAME ding ă 00 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesg vewarordatesofservica) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), b). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CAYCINOMIZ gave rise to immediate causa **DUE TO** (a), steting the underlying couse lost. certificate 208. ACC DENT WAS UNDERLYING LOR CONTRIBUTING LOCAL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20c. TIME OF INJURY Month, Day, Year While Not While et work at work may be retaine DIRECTOR: A 21 I certify that (I) (this hoppita) attended the deceased from. the deceased alive on .) PHYS. death Page 4 paged PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, 23c. NAME OF GEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) dir. ^D ADD#ESS NUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) **b.** COUNTY 1 mores TOWN (If outs de comprete lemits, write RURAL end a ve neerest town) 0 a. IS RESIDENCE ON A FARM? YES NOOK DEATH 19 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) 14 MOTHER'S MAIDEN NAME Address 10 INTERVAL BETWEEN ONSET AND DEATH Testicle PART I. OTHER SIGN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peri I or Peri II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, ferm, (County) (Stete) 2Df. (City or town) factory, street, office bldg., etc.) 19 6. I that (I) (we) last to 22b, DATE SIGNED D RECTOR PHYS. 234 LOCATION City, (Sjete) 25b. REGISTRAR'S SIGNATURE DATE JUN 1 6 arthur & trace

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution; Residence before admission) a. COUNTY m. STATE b. COUNTY Baltimore Maryland MERYLEND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town, ۵ write RURAL and give nearest town) Fort Howard .= Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address ed d. STREET ADDRESS Veterans Administration Hospital Berlin pletely NAME OF DATE DECEASED OF (Type or print) DEATH HERMAN ROSE June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) and Months Male Colored DIVORCED X June 3 physician remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11, BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fell even if retired? Civil Service Maintenance Man Anne Arundel Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Cook William Rose
WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) 216-05-5547 Clin. Rec., VAH Balto 18, Md., Ft Howard Division Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: PURULENT CHOLANGITIS WITH ABSCESSES OF IMMEDIATE CAUSE (a) ADENOCARCINOMA CECUM WITH METASTASES TO LYMPH OCINIO NOMES AND LIVER [6] gave rise to immediate cause DUKTO BRONCHOPNEUMONTA (a), stating the underlying the the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16) 19. WAS AUTOPSY certificat 20a, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jem 18.) After this ce OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER ģ 20d, INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While MEDI Hour a.m. at work at work to June 1 1961, that (b) (we) last 22a. SIGNATURE ATTENDING M FD STAFF PHYS. DIRECTOR PHYS. arrivates 22c. PHYSICIAN'S 22d. ADDRESS In Page NAME (Type) PIJANOWSKI, M.D. VAH BALTO 18 MD FT HOWARD 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Baltimore National

ADDRESS

Williams 322 N Schroeder St Balto Md

0.58

VR A15 (4)

15M 9/60

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

UNKNOWN

vears-

PERFORMED?

22b. DATE

DIV

(State)

SIGNE

YES 🛣 NO 🔳

U.S.A.

Dave

(County)

Circling & Krous

Baltimore, Maryland

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATE JUN 5

IE UNDER 24 HRS.

ON A FARM? YES NO



- 17	2			
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Thours after death Page And	1	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	ed with	
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ATTEN	y the ending by the haspital or attending physician.	TOR:	detac	Manle A
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00	y L	UNE	ge 3	Ctan

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 6553 CERTIFICATE OF DEATH 06542 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) **b** COUNTY MARYLAND CITY OR TOWN (If autside carporate limits write c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give mearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OPUNSTITUTION YES NO MRSIE NAME OF Middle 4. DATE Last Day DECEASED (Type or print) Janeer DEATH 19 SEX 6. COLOTE OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED M NEVER MARRIED last bigthday) Months Days Hours WIDOWED | DIVORCED [yrs. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life feven if retired) 13 FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY erteun derose IMMEDIATE CAUSE (a) **DUE TO** ed lesternelevores Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOLLARS OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur o.m. While Not while at work at work p. m. 19 V 10 ken 28 27 I certify that (1) (this-hospital) attended the deceased fram

reces 28 196 , and that death accurred at 1 saw the deceased alive an. M, fram the causes and an the date stated above 22o, SIGNATURE 22b DATE ATTENDING SJGNED STAFF PHYS.

MD. PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type)

Zurtaw Place 2320

arthur S. House

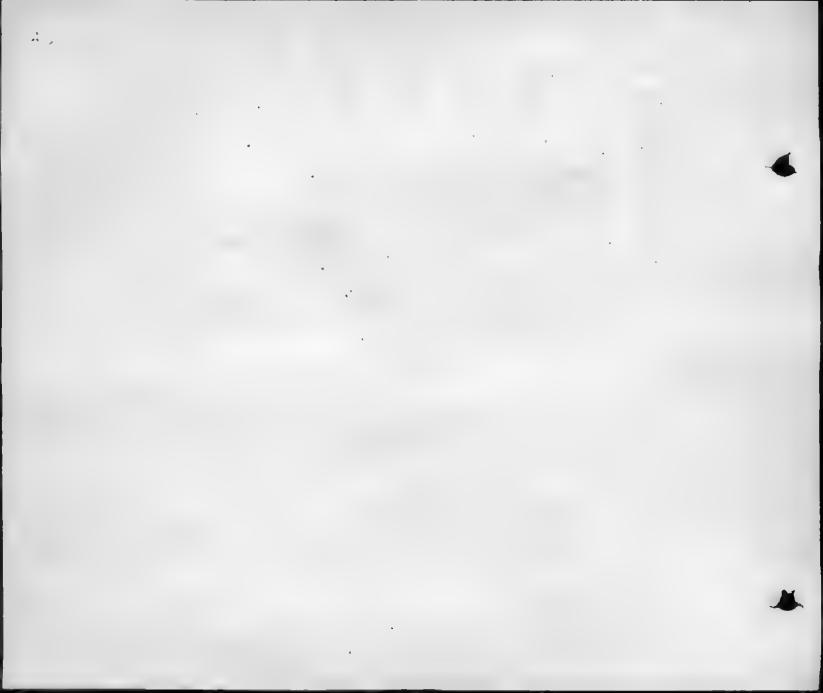
DATE JUL 5

MED.
DIRECTOR

230 BURIAL, CREMAT ON. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 1 REMOVAL (Spetify) ADDRESS 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR

VR A1E (4) 1SM 9/59

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VS. A15ME(5)

5M 9/55

MARYLAN	ID STATE DEPARTME	NT OF HEAL	H-BALTI	MORE, 1	8	
MEDI	CAL EXAMINER'S	CERTIFICA	TE OF D	EATH	Reg. Dist. No.	06543
		2. USUAL RESIDENCE	(Where deceased li		nı Residence befo	ore admission)
ltimore	MARYLAND	o. STATE Mar	yland	b. COUNTY	Baltim	ore
outside corporate limits, write EUR	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporal		JRAL and give ne	arest town)
oint, Md.		Inv	erness	(22)		
L OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
Steel Co. Di	spensary	1955 H	aselmer	e Road		YES NO TO
First	Middle	Last	4. DATE	Month	Day	Year
IETYU	Bruno JACI	LOTTO	DEATH	June	s 6th,	1961
6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8.	DATE OF BIRTH		at humbalan A		IF UNDER 24 HRS.
White WII	DOWED DIVORCED	Aug.7th,1		O yrs. "	Vionths Days	Hours Min.
N (Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (Sto	le or foreign count	η)	12. CITIZEN OF	WHAT COUNTRY?
	Steel	Ita	ly		USA	
		14. MOTHER'S MAIDEN	NAME			
Sacilotte		Amelia	Pittle			
R IN U. S. ARMED FORCES		FORMANT		Address		
	212-01-9182	Mrs. Jean	C.Saci	lotto	same	as #2
H [Enler only one cause pe	er line for (o), (b), and (c).]					AL BETWEEN
H WAS CAUSED BY:	CollowAry	Occlus	1 on			o men
DUE TO	11 / 0					
y, which) (5)	Mynerkens	1'on				0 ym.
ote couse	1.4					7

no 18. CAUSE OF DEAT PART I. DEAT Conditions, if or gove rise to immed (o), stoting the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 📉 NO [20g. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote)

Not while at work at work

ADDRESS

21. I certify that I took charge of the remains described above, held an Autopsy

factory, street, office bldg., etc.)

death resulted from: Natural causes . Accident . Suicide . **ACTUAL** SIGNATURE

CHIEF MEDICAL EXAMINER

Homicide .

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER [7] 22d. LOCATION (City, town, or county) (Stole)

DATE SIGNED

Inquiry and find that

22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Oak Lawn Cemeterv Buria

Baltimore, Maryland

Inspection 4

Undetermined cause

24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

Walter Brooks Bradley, Inc., Dundalk 22

23. FUNERAL DIRECTOR'S SIGNATURE

PLACE OF DEATH o. COUNTY

b. CITY OR TOWN III Sparrows d. NAME OF HOSPITA Bethlehem NAME OF (Type or print)

Male 10a. USUAL OCCUPATIO during most of working Laborer 13. FATHER'S NAME Louis 15. WAS DECEASED EVE

Hour o. m.

EXAMINER'S NAME (Type)

p. m.

5. SEX



ice perore edmission

e. IS RESIDENCE ON A FARM?

ON

YES [

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO I

(Stete)

22b. DATE

(Stelle)

SIGNED

II S.A

[County]

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

B ALTIMORE

0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S





haurs after death. Page 4 director, TO FURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral page 3 should be detoched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be signed by State Board of Health prior to burial, cremation, ar remayal, and in ony event, within 72 hours after death. ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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VR A15 (4) 15M 9/59

CE 62

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Ct 62	CERTIFIC	ATE OF DEATH	/67 mb	06	546
1 PLACE OF DEATH o. COUNTY Bacto	MARYLAN	2. USUAL RESIDENCE (Who		nstitution: Residence bef	are admission)
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 1.4 Tons Jull 4	c. LENGTH OF STAY IN 11		utside carparate limits,	vrite RURAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	URS. 1JM.	d. STREET ADDRESS 1613 Light S	St. 3V₹	1-1	e. is residence on a farm? YES NO
3. NAME OF DECEASED (Type or print)	Middle	SCIACCA	4. DATE OF DEATH	6- 21	Year 196/
F W WIDOV	RRIED NEVER MARRIED TO	- 18	, , , ,	yrs. Manths Days	
10a USUAL OCCUPATION (Give kind of work done) 10b during most of working life, even if retired)	. KIND OF BUSINESS OR IN	2	taly	12. CITIZEN O	DE WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	12		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yas, ne, or unknown) (If yes, gave wer or dates of service)	SOCIAL SECURITY NO. 17	FAMILY		Se me	
PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	Gen	en/;21d/	Hrterro:	Sc/2ros, g	ASET AND DEATH
PART II. OTHER SIGNATIONS PART II. OTHER SIGNATIONS C C C C C C OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	sme Vagin	REEL (Enter nature of injury in P	esected ?	8/2/60	PERFORMED? YES NO
Haur a.m. While		PLACE OF INJURY (Hame, farm, factory, street, affice bldg, etc.	20f (City or town)	(County	r) (State)
21 I certify that (I) (this haspital) attended the deceased from. Saw the deceased alive on 9 and that death accurred at 17 April 7 the causes and an the date stated above. 22a. SIGNATURE					
22c PHYSICIAN'S NAME (Type) W.F. M.C.(Shott W	M. D. ATTENDING ME PHYS 22d. ADDRESS	FYNER STAFF	k Rd	6/279
23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY	T'OR CREMATORY	23d LOCATION (City,	rawn, ar county)	(State)
24 FUNERAL DIRECTOR'S SIGNATURE McCully Fund 1 bres 13	o E. Fortar	250. REC'E	1 1	REGISTRAR'S SIGNATURAL SILLING & TURNA	



nakland.

DIRECTOR'S SIRES

£ & 0 VR A15 (4) 15M 9/60

a. IS RESIDENCE ON A FARM? YES NO X

19

IF UNDER

ONSET AND DEATH

PERFORMED? NO 🗔

(Stata)

22b. DATE

(Stata)

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Months

(County)

arthur & France



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edm ssion) 1. PLACE OF DEATH a. COUNTY Page Paltimore m. STATE **b.** COUNTY delay is necessary Penna. funeral director. Pagained for your files. Lancoster MARYLAND b. CITY OR TOWN (if outside corporate him is, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) for your t write RURAL and give gearest town) York d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained 1 he State B 62 Fin ston Park 634 Wheatland YES NO T-3. NAME OF First Midda 4 DATE DECEASED OF with the JUL TUS PRESTON (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years LIF UNDER I YEAR) IF UNDER 24 HRS. age B may 1 and 2 wit 72 hours a last birthday) Months 2, and WIDOWED A DIVORCED | 10a USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uld be execumd within 24 homs aftin pencil in Item 18. Give Pages 1, 2, 2ffice along with form Pen3. Page dona during most of working life, avan if ratirad) Retired Penna. pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Henry Shutz Jeanna Reeling IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT (Yas po, or unkown) (Ifyasgiva warordatasofservice) permit. Office along with fa a burial-transit permit, smoval, and in any e *เ*นาว่าเร . Shutz Jr. T XO 18. CAUSE OF DEATH [finter only one cause per the for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava risa to immadiata causa "pending" DUE TO (a), stating the underlying 88 Medical Examiner cause last. used cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO FEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word id be forwarded to the Cilief Medical ETERAL DIRECTOR: Page 3 should be NO 206. DESCRIBE HOW INJORY OCCURED. (Enfer value of injury in Part I or Part II of itam 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 1 20d. INJURY OCCORRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year (County) (State) factory, streat, offica bldg., alc.) Not While Hour a.m. al work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Natural causes Accident . Suicide Homicide [Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL, 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Maris. Phould NAME (Typa) Addrass (Streat, city, town, or county) 22a. BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City REMOVAL (Specify) 240 p Sleerer Funeral Home Mork, Penna. REVIOUSS 23 FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME DATHUN 2 6 '61 Colling S. Kroses .astern ave. #21 5M 7/59



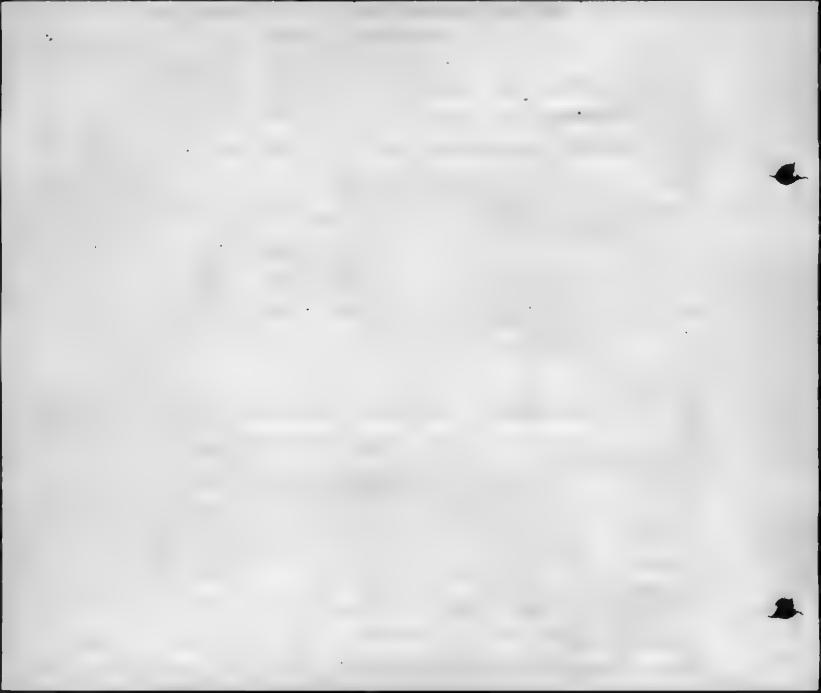
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TO HO THE DR ATTINITIES PHYLICIAN: The law requires that the death certificate be executed within 14 haurs after death Page 4		arol His	page 3 shauld be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with	
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1	5N	A 1:) (4)/5	7

1	MARYLAND STATE DEPAR	TMENT OF HEALTH-BALT	IMORE, 18
	CERTIF CERTIF	ICATE OF DEATH	Reg. Dist. No. O. C. C. C.
	1. PLACE OF DEATH 1/12 Nap Repart 1. MARYLA	0.50464	lived If institution Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outs de corporole limits, write C. LENGTH OF STAY IN RURAL and give necrest fown) of angle 20, 9	The c. CIPP OR TOWN (If outside corpore	Re limits, write RURAL and give nearest town)
X	d NAME OF HOSPITAL (If not in hospital, gry street oddress) OR INSTITUTION	HILTHALL	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) TA 177 E 5	5 K 163 1 H 1 DEATH	Mouth Day Year
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED [114//8//8/71	AGE (In years lost brindey) Manihs Days Hours Min.
1	10 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired to 10b. KIND OF BUSINESS OR 10b	an Backo	Med 12. CITIZIN OF WHAT COUNTRY
Î)	anthony Styran	14. MOTHER'S MAIDEN NAME	K-ngry-
	(If yes, gry war or dates of service)	1703 - Jusep	h Alexand
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ry cellano	INTERVAL BETWEEN ONSET AND DEATH . ***LCLELLE & ****
	Conditions, if ony, which gove rise to immediate	a cardenerellar	Li.
	lying cause lost. (c)	contact decided	
Δ	3 Atabeldes - mallelites	URRED. (Enter noture of injury in Part I or Part I	traf. Lit., PERFORMED?
ą.	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	le. PLACE OF INJURY (Home, form, 20f. (City o	,
	Hour a m. p. m. 19 While Not while of work of work	toctory, street, office bldg., etc.)	
	21. I certify that I attended the deceased from alive on 17442 , xx, 1964, and that deceased from alive on 1964, and that deceased from 1964, and the deceased from 1964, and the deceased from 1964, and that deceased from 1964, and the deceased fr	eath occurred at 1615 A.M. fram	$\angle \mathcal{I}$, 19 $\underline{\leq} \angle$,that I last saw the decease the causes and an the date stated above
1	SIGNATURE Treasurek yelleliste.	M.D. GICC JOSH	et, city or town, state) DATE SIGNE
	PHYSICIAN'S FREDERICK INCLUMER 229 BURIAL CREMATION 220 DATE THEREOF / 220 NAME OF CEMETE	BA-to-12,	113
	P BURIAL, CREMATION, 22b DATE, THEREOF 22c, NAME OF CEMETE 22c, NAME OF CEMETE 23 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRA	ON (City, town, or county) (State) AR 28 REGISTRAR'S SIGNATURE
J.	& Hapey Hors 13/	1 /2 29 h 4 DATE IN 21 '61	Cirling S. Kraus



death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

568	CERTIFICATE	OF	DEATH
UV.			

Reg.	Dist.	NG.	£	5	5	2
 		-		4	4	1

	2000	CERTITION	AL OI DEATH	Reg. Dist. N	96552
\	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	lived. If institution Residence bell b COUNTY	fore admission)
	b CITY OR TOWN (If autside corporate limits, writ RURAL and give negrest lawn)		c CITY OR TOWN (If outside corpore	le limits, write RURAL and give n	earest lawn)
	Catonsville	unknown	Baltimore City	= "	01-9
	d NAME OF HOSPITAL (If not in hospital, give struck or INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	House in the Pines N.	H	419 South Bouldi	in St.	YES NO T
	3. NAME OF DECEASED (Type or print) CONTROL	Middle	Smil 4. DATE OF DEATH	Month C	Day Yeor 3 196/
		ARRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years IF UNDER LYEA	R IF UNDER 24 HRS
	The state of the s	OWED DIVORCED	August 24, 1878	last birthday) Months Doys	Hours Min,
	10a. USUAL OCCUPATION (G ve kind of work done 1) during most of working life, even if retired)	06. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slate or foreign cou		OF WHAT COUNTRY
	Carpenter		Maryland	U.S.A	
\	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
J	Otis Smit		Unkhown		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown] [If yes, give wor or dates of service]		VFORMANT	Address	
	no	Ma Ma	rs. Marie Bierau, 41	19 S. Bouldin St	3.
	18. CAUSE OF DEATH [Enter only one couse pe	r line for (a), (b), and (c).]		NI IN	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mocordial l	Decontempolis	17	Zuk.
	T J DUE TO	, ,	4 .		
	Conditions, if ony, which gave rise to immediate (b)	energy a	strioscleson	2	1237.
	couse (o), stating the under-				
	lying couse lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	PERFORMED? YES NO 2
)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I or Part I	of item 18.)	
			CE OF INJURY (Home, form, 20f. (City of lory, street, office bldg., etc.)	or lown) (County	r) (Stale)
	G	ils Not while 1900 vork 1 of work 1	iory, sireer, ornice blog., etc.)		
	21. I certify that I attended the dece	ased from 5-12	- 1961, 10 6-23	3-, 1962 that I last :	taw the decease
	1 47	7 4	accurred at 5 Q M, from		
	-1 2 .1	1/		et, city or lawn, state)	DATE SIGNE
	SIGNATURE HALLOW	Mages,	ND. 6209 Frederi	er Ave	6-24-61
	PHYSICIAN'S WILMER K, B.	31/ager	Ballimore-3	8 M	12.
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		ON (City, town, or county)	(State)
	burial June 26. 196			nore County. Md.	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRA	AR 246 REGISTRAR'S SIGNATU	URE
	Ullrich Funeral Homes. B	altimore. Md.	DATE JUN 2 7	'61 Cushun &.	Thank

ours ofter death. Page 4 ed in by the funeral director, I and 2 should be filed with TO FULL SEAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fully page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages the registrar prior to buriof, cremation, or removal, and in any event within 72 haurs ofter death. UTAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within VS A15 (4) 15M 10/57

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any is necessary, please executives, writing the word "pending" in pending them, 18. Give Pages 1, 2, and 3 to the fine of director. Page 4 shash do forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be fetained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its messgnated against prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

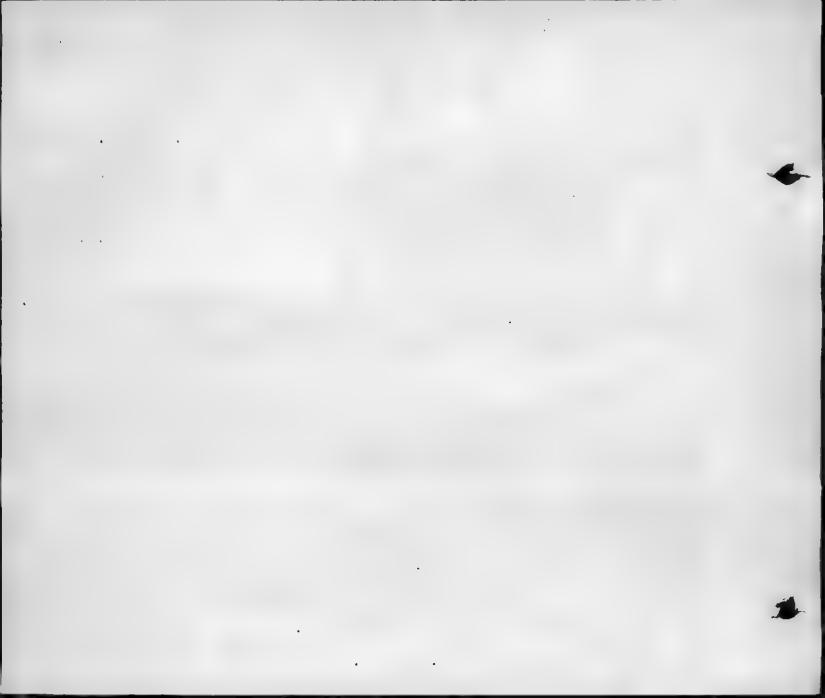
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VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 €563 MEDICAL EXAMINER'S CI

ERTIFICATE O	F DEATH	Reg. Dist. N.655	1
			1

1. PLACE OF DEATH o. COUNTY Paltimore MA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) G. STATE I*APVLAND 6. COUNTY Baltingre
b. CITY OR YOWN (it conside corporate I mits, write EURAL condigues nearest In Dundalk ? House	I and any and the fire and on composition that where we want out the tremety toward
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street odd Invertings Detnin Boach, Borr	
3. NAME OF DECEASED (Type or print) Cheryl Ann	Sollars OF June 14, 1961
Female 6, COLOR OR RACE 7. MARRIED NEVER MARRIED VIOLEN	ED Feb. 26, 1950 off theory yrs Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS of during most street, seven if retired) Grange Elem	or industry II. Birthplace (Stote or foreign country) mentary Marvland U.S.A
13. FATHER'S NAME Walter Sollars	14 MOTHER'S MAIDEN NAME UVOO Tyler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY N	Mr. Walter Sollers, 8010 Kavanauch Rd.
18 CAUSE OF DEATH [Enter only one couse per line (or (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 929.8 DUE TO	ONSET AND DEATH
Canditions, if ony, which gave rise to immediate cause (a), slating the underlying cause last. (b) OUE TO (c)	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CURRED (Enter noture of injury in Port I or Port II of item 18) ymate were floating on their backs
Heur a.m. 6/14 1961 While Not while of work 1	Bear Creek Dundalk Balto Md.
	bed obove, held an Autopsy, Inspection
ACTUAL SIGNATURE Delle Colle	M D CHIEF MEDICAL EXAMINER D
EXAMINER'S Jack Collins, MD	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D G-//-//
	Fellors Cem. El's Garage West Vindala
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS JC J. DUDA 7522 Jise Aye. 2	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUN 1 9 '61 C. Thur 8. Knus



DATELIN 2 6 '61

Cirlhun & Kenya

requires that

VS A15 (4)

15M 9/55



VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6571 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No 06555

	O. COUNTY PASTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 3 XXS	c. CITY OR TOWN (If ausside carporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) PAULINE Middle	SPARROW 4. DATE OF DEATH SUNE 25 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH FEB 3, 1921 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In under 24 HRS If UNDER 24 HRS
	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired) Housewife	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A.
1	FRANK H. ABRAMS	14. MOTHER'S MAIDEN NAME LAURETTA BELOTE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service)	AUG-HN SPARROUI 3830 BROWNHILL
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, 'if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost.	WOMA TRYKOIS INTERVAL BETWEEN ONSET AND DEATH LIVEK, SPINE 18 MCS.
)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20b. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram APRILL alive an JUNE 25 , 1861 , and that death ACTUAL SIGNATURE THOMAS E. WHEELEK	accurred at 4.3 Mam the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED (C/24/C/
	220. BURIAL CREMATION, 226 DATE THEREOF BEMOVAL (Specify) 6-25-6/ Bel-Haven C 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	emetery 22d LOCATION (City, town, or county) ACCOMBC Co. HA 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
	Wm Gook Inc. 1217 ST Paul	DATE VIN 2 8 '61 Culling S. Kraus



6572

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06556

1. PLACE OF DEATH g. COUNTY	Baltimore		MARYLAN	ll l	o. STATE	ence (wh		lived. If instituti b. COUNTY	D =	before timo	
b CITY OR TOWN (I RURAL and give no	f outside corporate limi	ils, write	c. LENGTH OF STAY IN T	ь	ي CITY OR T	OWN (If o	utside corpor	ate limits, write F	RURAL and giv	e neare:	st fown)
	llerton .		Life		F	uller	ton				
d. NAME OF HOSPIT	'AL (If not in hospital, g	give street	oddress)		d. STREET A		4011			e.	IS RESIDENCE
OR INSTITUTION	8511 Bel:	air R	oad		1 (3511	Belai	r Road			YES NO-
3. NAME OF DECEASED (Type or print)	Minnie	rst	Middle		Ste		4. DATE OF DEATH	Mar 6	nth	Day 8	Year 1961
S. SEX		7. MAR	HED NEVER MARRIED	7 R F	ATE OF BIRTH	3	1	AGE (in years	IF UNDER 1	YEAR IF	UNDER 24 HI
Female	V175 4 4	WIDOW		_ 1	3-19-			last birthday) yrs.	Months D		Hours Min
10a. USUAL OCCUPAT C during most of work House	king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11, BIRTHPL	_	or foreign co	untry)		N OF W	/HAT COUNTR
13. FATHER'S NAME	P Mark 1			1	14. MOTHER'S MAIDEN NAME						
	George Ha	عدم آمد				Ŧ	Jnknow	1			
15. WAS DECEASED EVE		V./ U	SOCIAL SECURITY NO. 11	7. INFO	RMANT				iress		
	(If yes, give war or dates of s		2.5			7 5+2	0118	Belair			
18 CAUSE OF DEA	No		None	Liti	Oligi (t.)	7, 200	og Arr	GTGTI	100: 01		AL BETWEEN
a Carrie	mmediate the under DUE TO	o) i) i) ii) iii) iii)		BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI			WAS AUTOP PERFORMED? (ES NO [
					mer notore o	i injury mi i	10111011011	ir gir ivein 1037			
ZOC TIME OF INJUR	Y Manth, Doy, Ye	While at wor	Not white		OF INJURY (ar tawn)	(Co	unty)	(Slo
saw the decea		l) attend	led the deceased from 19 G (and the			_ 9	13 .	he causes a			tated abov
226 SIGNATURE	aq	10	tt	M D			ED. RECTOR	STAFF PHYS			225 DATE SIGN
22c. PHYSICIAN'S NAME (Type)	H.A.C	BR	077,0	70.	22d. ADDRE	100	Ha	rfo	d	n	d.
230 BURIAL, CREMATIC REMOVAL (Specify) BUIT 1 A.L.			Parkwood				100	on, kity, town, arkvill			(State) Md
24. FUNERAL DIRECTOR	'S SIGNATURE ~ Zumana)	Hon	ADDRESS YOU BUD.	an.	Road	250. REC'	D BY REGISTI		istrar's sign		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Reside e. COUNTY e. STATE **b.** COUNTY Baltimore Maryland MARYLAND by th b, CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (f outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Towson Baltimore 12 after .⊆-Pages Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6512 Maplewood Read Godd Convalescent Home YES NO DE NAME OF 4. DATE Year DECEASED OF (Type or print) DEATH JOHN EDWARD 1961 SHILLENS June 1, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. AGE (In years 1 IF UNDER 1 YEAR B. DATE OF BIRTH lest birthdey) Months | Deys Hours 83 yrs. Male WIDOWED T DIVORCED 1877 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) USA Fereman- retired American Can Co. Maryland 13 FATHER'S NAME 1.14. MOTHER'S MAIDEN NAME please attending parties of The please 2. and 7827886 Johanna Hubbard William H. Sullens WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown) ! (If yes give wer or detes of service) None No Family Records the 18. CAUSE OF DEATH | Inter only one INTERVAL BETWEEN physician. signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO been : Conditions, if eny, which geve rise to immediate cause **DUF TO** (e), stating the underlying has couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY certificate hospital PERFORMED? NO 7 20a. ACC DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of njury in Pert I or Pert II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 至 After 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 (County) (Steta) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work st work may be refain DIRECTOR: 1961, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from... saw the deceased alive on. the causes and on the date stated above. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. Page 4 22d. ADDRESS 22c. PHYSICIAN'S 1 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF Ü REMOVAL (Specify) Holy Redeemer Cemetery Baltimore, Maryland 0 Burial 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) John Burns' Sons, Towsen, Meanyland arthur & Kines 15M 9/60 DATE JUN 8

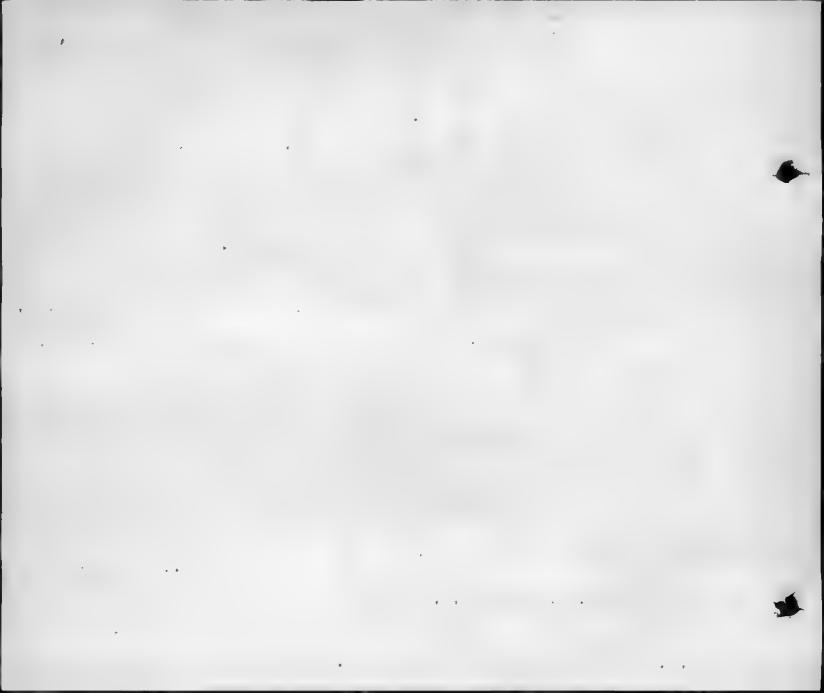
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ours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CETT

	0013	CERTIFICA	AIE OF DEAIR	1	Reg. Di	st. No.U6558				
	1. PLACE OF DEATH o. COUNTY BALTIMORE	MARYLAND	If institution- Residen b. COUNTY	ce before admission)						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, w			, write RURAL and give nearest town)				
	CATONSVILLE	1 YR.				Veil - Ca				
ų	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	t oddress)	d. STREET ADDRESS	LVILL		e IS RESIDENCE				
į	RIDGEWAY MA	NOR	910 Mr.	HOLLY	Sr.	YES NO				
	3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Year				
	(Type or print) NELLIE	T_{\bullet}	SULLIVAN	DEATH	JUNE 9,	1961				
	5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF UNDER	1 YEAR IF UNDER 24 HRS				
	FEMALE WHITE WIDOV		APRIL 16,1	18 73 "8	birthdoy) Months yrs	Days Hours Min				
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if relired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12 CIT	IZEN OF WHAT COUNTRY				
		AT HOME	BALTIMOR	RE MD.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N							
)	MICHAEL SHE	EHAN	CATHERI	NE NIL	AN					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT		Address					
		No	RBERT J.St	ILLIVAN	ELLICOT	T CITY MD				
i	18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c)]				INTERVAL BETWEEN				
	PART J. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Are: DUE TO	terioscleroti	ic cardiova	scular (ii sease	10 yrs.				
	lying couse lost.									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO X									
	20c. TIME OF INJURY Month, Day, Year 20d. While p. m. 19 Of wo	Not while loci	ACE OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or tow	n) (C	ounty) (State)				
	21. I certify that I attended the decea	sed from	. 1950 to 6/	19	10 61 4 4 4	ast saw the deceased				
	alive an 6/8 19	causes and an th	e date stated abave							
ı	ACTUAL SIGNATURE SIGNATURE	ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNED AMD. 3629 Edmondson Ave., Balto-29-Md								
	PHYSICIAN'S NAME (Type) Thos. E. Rosch, M.D.									
	220. BURIAL, CREMATION, 22b DATE THEREOF FURIAL 6/12/61	CATHEDRAL	R CREMATORY	22d. LOCATION (C	ity, town, or county) ORE • ML	(Store)				
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'D		24b REGISTRAR'S SIG	NATURE				
ı	H.W. MEARS & SON 80	5 N. CALVERT	STA DATE III	N 1 2 '61	0.11 8	4.4				

TO FUNCE AL DIRECTOR: After this certificate has been signed by the ottending physician and completely fired in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or remayal, and in any event within 72 hours ofter death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO HOSPITAL VS A15 (4) 15M 10/57



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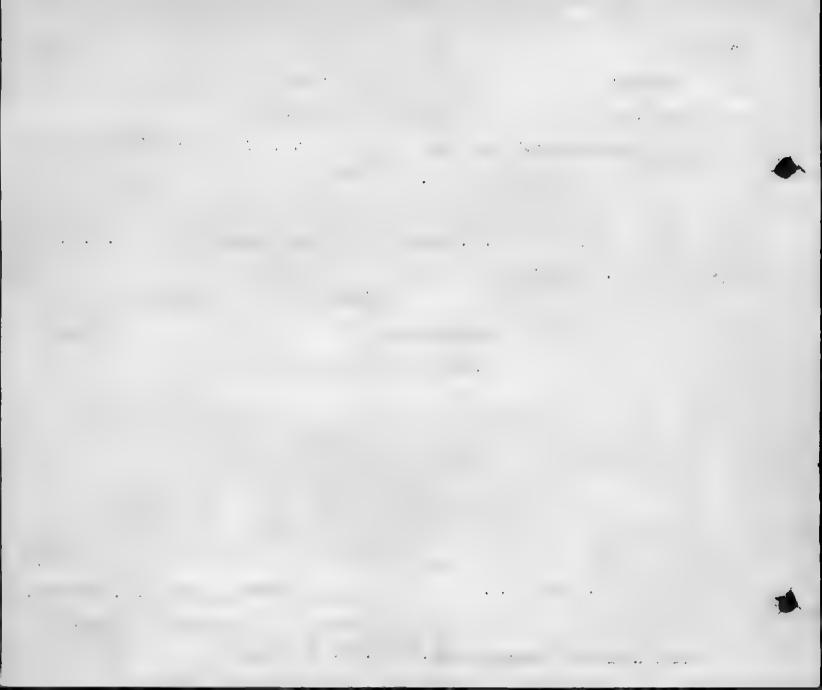
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

06559

CERTIFICATE OF DEATH

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I yed, If institutions Re	sidence before edmission)
	Baltimore MARYLAND	Maryland b. COUNTY	
	b. CITY OR TOWN (if outside corporete limits, c LENGTH OF STAY N 1b write RURAL end give neerest town)	c. CITY OR TOWN (f outside corporete l.m·ts, write RURAL end	give nearest town)
1_	Fort Howard 6 Days	Baltimore	· /
Γ	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospite, g've street eddress,	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3.	Veterans Administration Hospital NAME OF Right	2511 W. Baltimore Street (23)	Dev Year
1	(Type or print)	OF	-0 (-
-	JEROME 5. SU	MINERATITE	18 19 61
1 3	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH 9. AGE (In years If UNDER 1 Y lest birthday) Months I Description	
		November 2, 1917 43 ym	
10	to. USUAL OCCUPATION (Give kind of work one during most of working life, evan if retired)	Y 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	Carrier - Mail U. S. Postal	Baltimore, Maryland. U	s. A.
	William H. Summerville	Emma Henson	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOC AL SECURITY NO. 17. I	NFORMANT Address	
()	es, no, or unkown) (Ifyesgive werordetes of service)	inical Records, VAH, Baltimore lo	Maryland
-	Yes WW II 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c),	Fort Howard	Division Interval between
	DART I DEATH WAS CALISED BY		ONSET AND DEATH
	IMMEDIATE CAUSE (e) BRONCHOPNEUMONIA		RECENT
П	6000 DUE TO		
	(6)	PHRITIS WITH UREMIA	UNKNOWN
	geve rise to immediate cause (a), stating the underlying DUE TO		
	ceuse lest. (c)		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(e) 19. WAS AUTOPSY
۱ĕ			PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20a, PLA Hour e.m. 10 While fect work et work	CE OF INJURY (Homa, ferm, 20f. (City or town) (Count ory, street, office bldg., etc.)	y) (Stete)
2		June 12 19 61 to June 18 19 6	1
	21. I certify that (%(this hospital) attended the deceased from.	£30	that (DC (we) last
		death occured at D. A. from the causes and on the	
	220. SIGNATURE	ATTENDING MED STAFF	22b. DATE
	Tromas Crahan "		6/19/6.
	22c. PHYSICIAN'S	22d. ADDRESS	
	THOMAS F. CRAHAN, M.D.	VAH, BALTDWORE 18, MARYLAND, FT.	HOWARD DIV.
23	BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		
	Burial 6/22/196/ Baltimore Na	ational Baltimore 28	, Maryland
24	ADDRESS ADDRESS	Schroede 250. REC'D BY REGISTRAR 256. REGISTRAR'S SI	GNATURE
1	Marie R. Williams Funeral Home St., Balto	. Md. DATE HIN 2 2 '61 arthur 8.	Kraus
	CLUIC II STILLION TO ALLON TO THE STATE OF T	- 110 4 4	



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution, Residence before admission) . COUNTY Page b. COUNTY MARYLAND of He b. CITY OR TOWN (if outside corporate c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) director. write RURAL and give nearest Jown) KMEILE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) lor Boar A STREET ADDRESS . IS RESIDENCE ON A FARM? refained State Bal timore-29. YES NO 1 3. NAME OF Middle 4. DATE Month Year DECEASED 3 to the UT (Type or print) Page 5 may be reas 1 and 2 with the DEATH 19 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In year) | IF UNDER 1 FEAR IF UNDER 24 HRS. Inst birthday) and Months WIDOWED T DIVORCED Feb.1 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if refired) Baltimore City Policeman Baltimore, Maryland U.S.A. pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles P. Trainor Grace L. ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yos pive wer or detes of service) Mrs. Mildred J. Trainor-774 S. Woodington Rd. Yes W_{N} 18. CAUSE OF DEATH [Enter only one cause per Aing for (a), (b), and (c), INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) removal DUE TO Conditions, if any, which (b) "guibned" geve rise to Immediate cause 40 Medical Examiner's DUF TO 20 (a), stating the underlying ់ used cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 8 PERFORMED? the word M NO I pluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part It of item 18.) PRIMARY OF CONTRIBUTING burial, should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20t. (City or town) (County) (Stefa) 2 factory estreet, office bldg., etc.) While Not While 19 0 prior 610 at work 21. 1 certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Homicide Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnous NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 225. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 6 <u>40</u> Burial Baltimore, Maryland 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 DATE JUN 1 9 '61 End out I Thouse



. andmis a s عديد للمهملاء للم

MARYLAND STATE DEPARTMENT OF HEALTH . . . DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whata deceased lived, if institution; Residence before admiss on) a. COUNTY a. STATE **b.** COUNTY Baltimore # P MARYLAND b. CITY OR TOWN (if outside corporete I m ts. c CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 P S write RURAL and give nearest lown) Ē Catonsville Pal timore Baltimore Pages filled d. NAME OF HOSPITAL OR INSTITUTION LIFT net in hospital, give street eddress) d. STREET ADDRESS ide Mursing come Norfolk avenue etely 3. NAME OF Extst Middle 4. DATE DECEASED OF (Type or print) DEATH Si dnev June 16 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months ∝emale WIDOWED A DIVORCED pril 13. physicia≡ a e remove c a any event 1Da. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 112, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Illinois Homemaker Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Owen Troy Wharton Angeona ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) [(If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY, tending physic been signed t irial-transit per IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (41) geve rise to immediate causa DUE TO (a), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-1 19. WAS AUTOPSY certificate 208. ACC DENT WAS UNDERLY NG [] 206 DESCRIBE HOW INJURY OCCURED, (Enter nature of 'n ury in Part I or Pert II of Item 18. OR CONTRIBUTING CAUSE OF DEATH After this 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. IC by or town, 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour am at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on? .19 🕻 🌡 , and that death occured at 🗱 M, from the causes and on the date stated above. 22a, SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. FUNERAL ector, page 22d. ADDRESS 22c. PHYSICIAN'S 1.605 Idmondson Avenue 23d, LOCATION (City, Ipwn or county) 236. BURIAL, CREMATION, | 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 = 3 saltimore, haryland Loudon ParkCemeterv Burial -25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wirhur S. Thrace DATE

a. IS RESIDENCE ON A FARM?

YES NO

Year

ONSET AND DEATH

PERFORMED? NO

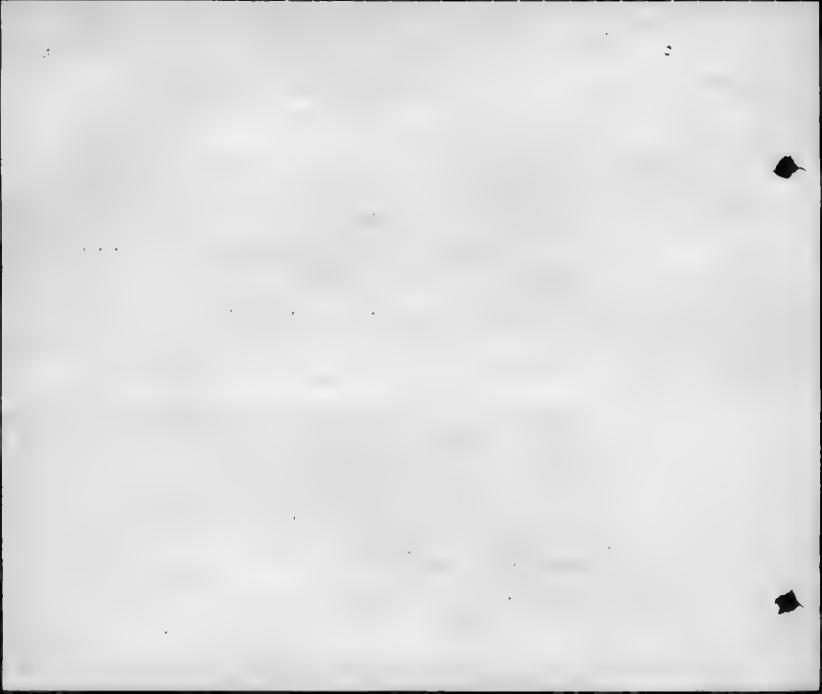
(Stete)

SIGNED

(Stefa)

(County)

15M 9/60



FOR STATE HEALTH DEPT. IO DENSITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If y delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

	Division of		RYLAND STATE				
	6573		ARCH AND RECORDS L EXAMINER'S			EATH	PESES
1.	PLACE OF DEATH	4		II 2 TISHEL BESIDEN	ICE (Where does	and lived If maitution	Residence before admission)
L	a. COUNTY	. Baltimore	MARYLAND	II	yland		ltimore
1)	b. CITY OR TOWN (if	outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpora	ita limits, write RURAL a	nd give nearast town)
ľ	Rural - R		2 ****	D 7 D		×	
		L OR INSTITUTION (if not in I	2 years	Rural - Rose	edare		I a. IS RESIDENCE
	5822 S	hadyside Lane	(Shady Spring		2 Shadya	ide Lane	ON A FARM? YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	JOSEPH	CHARLES	VIACK Vlach	DEATH	June	23 ₁₉ 6 1
5.	SEX	6. COLOR OR RACE 7. MARI	HED NEVER MARRIED TO	8. DATE OF BIRTH	9. /	AGE (In years) IF UNDER	
	Male	White widow	VED DIVORCED	August 16, 19	925	35 yrs. Months	Days Hours Min.
10a	 USUAL OCCUPATIOns during most of work 	N (Giva kind of work 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar foreign count	y) 12. C	ITIZEN OF WHAT COUNTRY?
	Supervi		epartment Stor	e Maryland	3		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		1	V IVA
		ph James Vlacl		Josephine	Catherin	e Martin	
15. (Ye	. WAS DECEASED EVER	IN U.S. ARMED FORCES? 1:	S. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
	Yes		19-10-9626 J	oseph J. Vlac	ch 5822 8	Shedy Sprin	g Ave.
	18. CAUSE OF DE	ATH [Enter only one cause pe				ATTOMIT DISTALL	INTERVAL BETWEEN
		WAS CAUSED BY: MEDIATE CAUSE (a)	Arteriosclero	tic heart di	30856		ONSET AND DEATH
'	20.0	DUE 70					
	Conditions, if any, gave rise to immediate						
H	(a), slating the und	DITE TO					
	cause lest.	(c)					
NOLLA	PART II. OTHER S	IGNIFICANT CONDITIONS CO	DITRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN PAI	PERFORMED?
CERTIFICATION	20s. EXTERNAL CAUPRIMARY OF CONT CAUSE OF DEATH.		RIBE HOW INJURY OCCURED.	Enter nature of Injury in Pe	rt I or Part II of ita	m 18.)	
MEDICAL	20c. TIME OF INJURY	Month, Day, Year 20c		ACE OF INJURY (Home, farr		town) (Co	unly) (State)
ME	р.т.	19 at w	ork at work		i		
	21. I certify that	I took charge of the re	mains described above, h	eld an Autopsy 🛣,	Inspection	. Inquiry	and in my opinion
	death resulted fro	m: Natural causes]. Accident []. Sui	cide . Homicide	Unde	termined manner	
				CHIEF MEDICAL	EXAMINER [
	ACTUAL			ACCICTANT MET	DICAL EXAMINER	T	DATE SIGNED
	SIGNATURE	1 /	~ /	DEPUTY MEDICA		_	6/23/61
	EXAMINER'S NAME (Type)	66/2	Sellie.				0/23/01
22-	BURIAL CREMATION.	22b. DATE THEREOF		R CREMATORY Street,		nty) N (Cliy, town, or countr	y) (Slaie)
	REMOVAL (Specify)	6-26-61	D-71:				T/ (State)
	Burial	1 0-70-0T	Baltimore Nati	onal Cem. I	Ratumor	e-Maryland	

23. FUNERAL DIRECTOR ADDRESS Philip E. Cvach 1211 Chesaco Ave. Zone 6

24m. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

DATEJUN 2 7 '61

arthur S. Kraus



VR A15 (4) 1SM 9/59

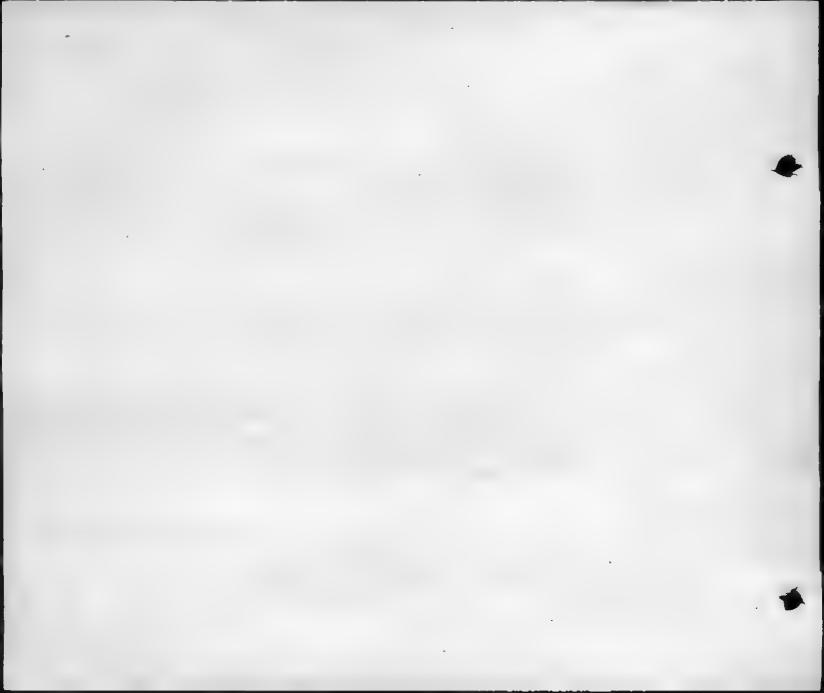
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

6550

4	a	Ħ	2 T	IFI	C	Δ	TE	O	F	D	FΔ	TI	1

06564

	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE h. COUNTY						
	Baltimore	MARYLAND	o. STATE Maryland b. COUNTY						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Catonsville	2yr7mthl8dys	Baltimore 2VII	1					
	d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS e. IS RESIDENC						
1	SPRING CROVE STATE HOS	FITAL	12 Riv rside Avenue YES NO						
7	3. NAME OF First	Middle	Last 4 DATE Month Day Year						
	(Type or print) Florence	Bridgette	Vogelsang OF Lo // 194	1					
	S SEX 6 COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	HRS					
	female white WIDOWE		Oct. 17, 1879 lost birthdoy) Months Doys Hours Mi	in.					
	10a. JSUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	1 A	RY?					
	housewife		11211						
	13. FATHER'S NAME	115	14. MOTHER'S MAIDEN NAME						
L		Istolien)	Brigette "ockford						
and a	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. {Yes, no, or unknown} [If yes, give wer or defet of tervice]		FORMANT Address						
	no	no Re	cords: SPRING GROVE STATE HOSPITAL						
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]	INTERVAL BETWEE ONSET AND DEA						
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Generalized A	rteriosclerosis						
	450.0 DUE TO								
	Conditions, if any, which) (b)	Conditions, if any, which) (h)							
	gave rise to immediate Couse (a), stating the under-								
	lying couse lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED	PSY 27.					
			YES NO						
	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE). (Enter nature of injury in Part I or Part II of item 18.)						
		for the same of th	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Story, street, affice bldg., etc.)	tote)					
	Hour o.m. p. m. 19 While of worl	1401 WHITE							
	21. I certify that (I) (this haspital) attend	led the deceased fram	June 5, 19 61 to June 17 19 6 / that (1) (we)	last					
			eath accurred at on, from the causes and an the date stated abo						
	220 SIGNATURE) / 22b DA1						
	1 Stanen Vine	cy	W.D. PHYS. DIRECTOR PHYS.	120					
	22c PHYSICIAN'S Blanca Gime	nd n	22d. ADDRESS SPRING GROVE STATE HOSPITAL						
		7	Catonsville 28, Maryland						
	23g BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (State)						
	REMOTAL (Specify) 6-15-61	Belto Gm.	De Ction Mds.						
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Lot	250 RECOD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	McCally fiven & I tomes	130 6 Des	DATE UN 1 3 '61 Orthor & King						



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	CERTIFICA	TE OF DEATH	<u> </u>
of DEATH NIY Ba lbi more	NARYLAND	2. USUAL RESIDENCE (Where deceased lived. (f institution of STATE Maryland b. COUNTY	ian. Residence befare admission) Baltimore
OR TOWN (If outside corporate limits, write L and give nearest town)	c. LENGTH OF STAY IN 16	. CITY OR TOWN (If outside corporate limits, write R	RURAL and give nearest town)
Arbutus	5 Yrs.	Arbutus	
E OF HOSP.TAL (If not in hospitol, give street institution 11 Elmridge Ave.	oddress)	d. STREET ADDRESS 1111 Elmridge Ave.	e. IS RESIDENCE ON A FARM? YES NO

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
Balinmore	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Arbutus 5 Yrs.	Arbutus
d. NAME OF HOSP.TAL (If nat in haspitol, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM2
1111 Elmridge Ave.	1111 Elmridge Ave.
3. NAME OF First Middle (Type or print) Gordon A. Voyce	Lost 4. DATE Month June 2, 1961 19
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White widowed DIVORCED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS March 5, 1907 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Machinest Hackert Const.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Bridgid T.Herbert
George W.Voyce	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or doles of service)	Margaret E. Voyce 1111 Elmridge Ave.
1B. CAUSE OF DEATH [Enter only one couse per line sex (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) CARCENTAGE	It levy right part -
16.2 DUE TO	
Conditions, if any which)	2 2 months) 8 m.
gove rise to immediate cause (a), stating the under-	
lying cause last. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
E CONTRACTOR CONTRACTO	PERFORMED? YES NO IC
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH	
<u>-</u>	ACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (State) (clary, street, affice bldg., etc.)
Hour o. m. While Not while of work of work	ciory, street, unice plag., etc.)
21 1 certify that (1) (this hospital) attended the deceased fram.	New 20, 1959, to June 2, 19 6/that (1) (we) last
saw the deceased alive an 19_4 and that a	death occurred at 12 / M. From the causes and an the date stated abave
Dr. C. Jan	ATTENDING A MED STAFF SIGNED
22c PHYSICIAN'S	M.D PHYS DIRECTOR PHYS D
NAME (Type)	
Raymond M. Cunningham M. D.	Medical Arts Bldg.
23o BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY C	
Burial 6/5/61 New Cathed	ral Cemetery Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S 5 GNATURE
Ambrose Inc. 1328 Sulphur Spring	Rd. DATE OF REGISTRAN S. Frank

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban pagers. Pages 1 and 2 shauld be filled with the State Baard of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. examed by the haspital ar attending physician.

ILOR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

wirs after death. Page #

TO HOS VR A15 (4) 15M 9/59

Ambrose Inc. 1328 Sulphur Spring Rd.

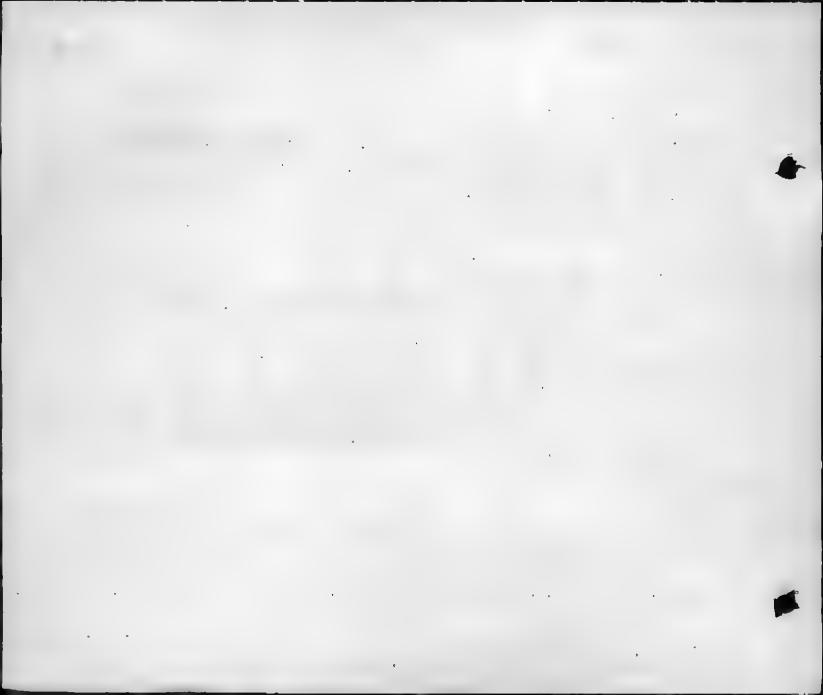


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

	658	32		CERTIFICA	ATE OF DE	,	MAKILAND	n	6566
	PLACE OF DEATH a COUNTY Baltimore	County		MARYLAND	2. USUAL RESID	ENCE (Where decease	sed lived If institution b. COUNTY	n: Residence bef	are admission)
M	t. CITY OR TOWN	(If outside carporate lim nearest town) Maryland	its, write c LENG	TH OF STAY IN 16	Balt	WN (If outside corp	porate limits, write RU	JRAL and give ne	parest town)
M	d NAME OF HOSE OR INSTITUTION	State Hospi	give street address) tal		5408	BIDDI S	SON AV	E	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	FRANK	rst M1	LTO N	WAGIN	ER 4. DATE OF DEATH	H 6	14	Noy Year
5.	SEX	6. COLOR OR RACE	7 MARRIED N	DIVORCED	B. DATE OF BIRTH	1894	9 AGE (In years last birthday) yrs	Months Days	R IF UNDER 24 HR Hours Min.
	Cab a	FION (Give kind of work orking ife, even if retired	dane 10b. KtND OF	BUSINESS OR IND	Ball Ball	CE (State or fareign	Md.	12 CITIZEN C	A A
13.	M C	HAEL	_(3))	PA (JLIN E	= /	7)	
{Ye	WAS DECEASED EN	VER IN U. S. ARMED FOI (If yes give war or doles of	RCES? IS SOCIAL'S	1 20	ospital Re	ecords, k	t. Wilson	ess State Ho	ospital
		EATH [Enter only one of EATH WAS CAUSED BY, IMMEDIATE CAUSE (c	Course	(b), and (c).]	a of	Sign	noid	ON ON	TERVAL BETWEEN ISET AND DEATH
	Canditions, if gave rise to cause (a), statin lying cause last	any, which immediate g the under	o Color	n no	th p	etast	asis		1 year
CERTIFICATION	Pulm 200 ACCIDENT	THER SIGNIFICANT CON WAS UNDERLYING CAUSE OF BEATH WEDICAL EXAMINERY	Trubes a	ilocis	IT NOT RELATED TO	plus-	ena	EN IN PART 1(a)	19, WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJE Hour a. m p. m	10		while	PLACE OF INJURY (He octory, street, office	ome, form, 20f. (Ci bldg , etc.)	ity or town)	(County) (State
	1	nat (I) (this haspita ased olive on	b attended the	11	5.13 deoth accurred	ot 1:56 fran	6.14 n the causes one		hat (I) (we) las e stated above
	22c. PHYSICIAN'S	lucime	,		M D PHYS	MED DIRECTOR	STAFF	6.14.	198 DATE
	W NAME (Type)			tendent	- 22d. ADDRES	_	e Hospita	l, Mt. V	Vilson, 14
	BURIAL, CREMATI REMOVAL (Specif	ion, 236. Date thereofy) $6/17/6$	-	ME OF CEMETERY	or crematory		ATION (City, tawn, a	,,	(State)
	EUNERAL DIRECTO	veber 50	ns Inc	er St.		250 REC'D BY REGIS	STRAR 25b REGIS	TRAR'S SIGNATION A. TO	

TO HO VR A1S (4) ISM 9/59

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1		DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, MARY	LAND
7		5583	CERTIFICATE	of DEATH	from Tickner!	s Upobl
		PLACE OF DEATH		2. USUAL RESIDENCE (Where	aceesed lived, if institution: Resi	dence before admission)
INA		Laltimore	MARYLAND	a, STATE	Baltim.re	0/ // 01:0
VI)	_	 CITY OR TOWN (if outside corporeta lin write RURAL and give nearast town) 	e. LENGTH OF STAY N 16		eporete limits, write RURAL end g	ive nearest town)
		O tor sville		atonsville		
	5	d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
. (4_		-11 Disting Avenue	il elibir oor		YES NO
	3.	NAME OF First DECEASED	s! Middle	Last 4, DATE OF		Day Yeer
		(Type or print) Nanne		altemeyer ! DEAT	Outro C	19
	5.	SEX 6. COLOR OR RAC	1. MARKED THE HEARING TO	DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE lest birthdey) Months Dey	
	100	Female Phite USUAL OCCUPATION (Give kind of we)		NY 11. BIRTHPLACE (County & State)	73 yes. 12 CITIZE	N OF WHAT COUNTRY?
	do	na during most of working life, even if retin Clerk-Retired	red]			1
	13.	FATHER'S NAME	B. & C. R. R.	. Bultim re. 1.3r	ylandi.	·A. –
=		John T. Th Ltemeyer	,	Lary J. ?		
1,	15.		RCES? 16. SOCIAL SECURITY NO. 17.		Address	-
_] "	no, for unkown) (lives give we for detestor		. 100 miggs-1900	Ciddle Place	
		18. CAUSE OF DEATH [Enter only on	ne cause per line for (e., [b., end (c.)]		V	INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6	, Arlansolruselruse	Cerebre Vasen	anguara	1/2 C/75
		334X DUE TO	0			
		Conditions, if eny, which (gava rise to immediate cause	b)			
		(e), stelling the underlying DUE To	0			
	Z	Cause last. (d	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 10	19. WAS AUTOPSY
0	CATION					PERFORMED?
	IIFIC/	200, ACCIDENT WAS UNDERLY NG	206. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part I or Par	rt II of itam 18.)	
	CERTIF	OR CONTRIBUTING CAUSE OF DEATH	H R) ₁			
	MEDICAL	20c. TIME OF INJURY Month, Day, Y		ACE OF INJURY (Home, farm, 20f. (Cotory, street, office bldg., etc.)	County (County	(Stete)
	MED	Hour a.m. p.m. 19	while Not While fec			
			oilal) atlanded the deceased from.			
	Ł	saw the deceased alive on	6/8 and that	t death occured at. 5.73M, fro	om the causes and on the	
	4	220 SIGNATURE	3/1000	ATTENDING MED.	STAFF	226. DATE SIGNED
		22c. PHYSICIAN'S	Haterns "	PHYS. DIRECTOR	PHYS.	-
		NAME (Type) LIdward	S. Kallins		Heights overnue	
	23	BURAL, CREMATION, 236. DATE TH	REREOF 23c. NAME OF CEMETERY		CATION (City, lown or county)	(State)
	١.	REMOVAL (Specify) 10 Junial 5-17-61	Londom Park		Paltimorearol	and
. 41		FUNERAL DIRECTOR'S SIGNATURE			SISTRAR 256. REGISTRAR'S SIC	
13/	1	or Teckening Jens	Bull-17/11		161 L. mar L. 1	Trank
-			1 3 1 1 1			

MARYLAND STATE DEPARTMENT OF HEALTH



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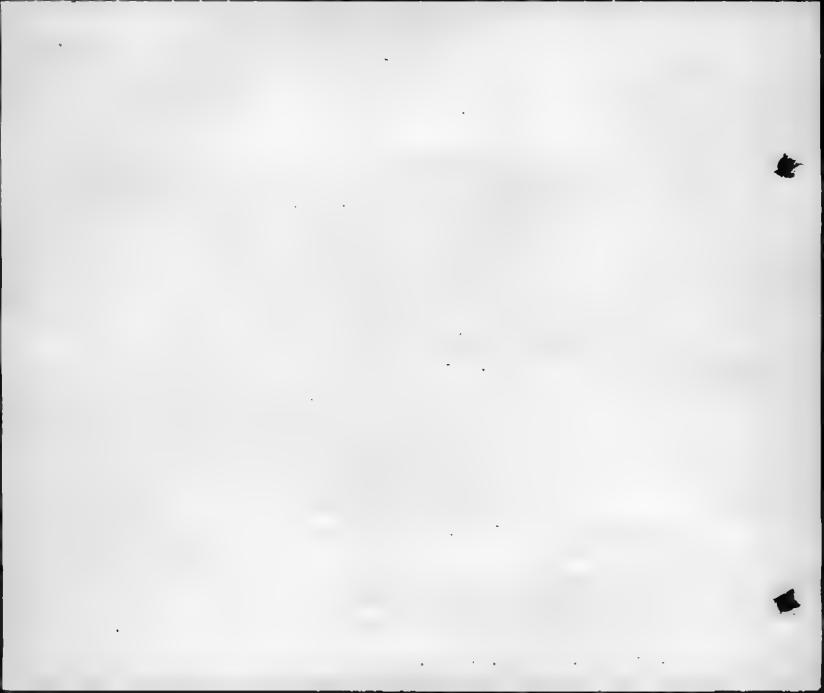
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06568

	1. PLACE OF DEATH G. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived.	If institution: Residents. COUNTY 50 M	ce before admission) 12 + Set
	b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town)		*	nits, write RURAL and	give nearest town)
	COCKEYSUILLE 13 YEARS	PRIN	CESS	HNNYE	
h	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PSONIC HOME	d. STREET ADDRESS		11×	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF First Middle	Last	4. DATE	Month	Day Year
	OFCEASED (Type or print) EDNA CROSWELL	WHITE	OF	TUNE	8 196/
\	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 4-28-18		E (In years IF UNDER birthday) Months	Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU				ZEN OF WHAT COUNTRY?
	during most of working life, even if retired) HOUSE WIFE		YLAND		6.5
	13. FATHER'S NAME	14. MOTHER'S MAIDEN			
	WILLIAM W CROSNELL	LAUIN	A HAS	TINES	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 III	Trank L.	anuth S	2 Cock	carrille 14
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		- /		INTERVAL RETWEEN
		cular a	ccidon	<i></i>	ONSET AND DEATH
	Conditions, if any, which) in Hilly restaurain	artino,	schlorte	Cardin	
	gave rise to immediate			APC CARGO C	
	cause (a), stating the <u>under-</u> lying cause last	durin	- in which		10 years
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT				PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury i	in Part I or Part II of i	item 18.)	
		ACE OF INJURY (Home for ctory, street, office bldg , e		vn) (0	County) (State)
	21. I certify that (I) (this haspital) attended the deceased fram.	5-6	948 to 6	-7 196	. that (1) (we) last
		death accurred at 7	P1		
	220 SIGNATURE Pattin T. Kus	M.D ATTENDING PHYS	MED at STA	AFF YS 🔲	6/8 / SIGNED
	22c. PHYSICIAN'S	M.D PHYS	DIRECTOR DE PHY	rs 📙	10101
	NAME (Type) WALTER T. F.EE.		+454:65	L. M	\mathcal{D}
	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City town, or county)	(State)
	Removal June 11, 1961 All Saints C	hurchyard	Princes	s Anne, Md	•
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		C'D BY REGISTRAR	2Sb REGISTRAR'S ST	
	Wm. Cook, Inc. 1217 St. Paul St.	Letad	UN 9 '61	Chilma S.	Thous

TO FUNDARAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with the state Board of Health priar to burial, cremotian, ar removal, and in any event, within 72 hours after death. ours after death. Page 4 IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO HOS VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside cornorate limits c. CITY OR TOWN (f outside corporate lim Is, write RURAL and give nearest town) c LENGTH OF STAY N 16 write RURAL and give necrest town) Seaford Fort Howard d NAME OF HOSP TAL OR INSTITUTION (if not in hospiter, give street eddress IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO K 3. NAME OF 4. DATE DECEASED OF (Type or print) E. WHITE 61 MALLITAM DEATH June 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IE LINDER 24 HRS. AGE (In years | IF UNDER 1 YEAR lest birthday, Months Male WIDOWED DIVORCED X 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salisbury, Maryland U.S.A. Produce Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Betsy Jane Fletcher Oliver S. White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC.AL SECURITY NO. 17 INFORMANT L. Beard (Sister) P. Box#302 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: DAYS EDEMA OF THE LUNGS IMMEDIATE CAUSE (e) DUE TO HYPERTROPHY AND DILATION UNKNOWN gave risa to immediate cause DUE TO (a), stelling the underlying AND MITRAL INSUFFICIENCY PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO PASSIVE CONGESTION LUNGS, LIVER AND SPLEEN 208. ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING L. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW NURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f, (City or town) factory, street, office bldg., etc.) Not While 7:00 P.M. 19...61 that (0 (we) last 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHY5. PHY5 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NORMAN P. JONES, M. D. VAH, BALTO. MD. FT HOWARD DIV. 23a. BUR.AL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY Satisbury, Maryland REMOVAL (Specify) Point, Md. Jun.6, 1961 Shad Shad Point Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SEGNATURE **ADDRESS** Withur & Thank Holloway & Co. Funeral Home, Salisbury, Md.

TO IN PATENTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 hours after a decrease 4 may be retained by the hospital or attending physician.

Ye TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex

MARYLAND STATE DEPARTMENT OF HEALTH

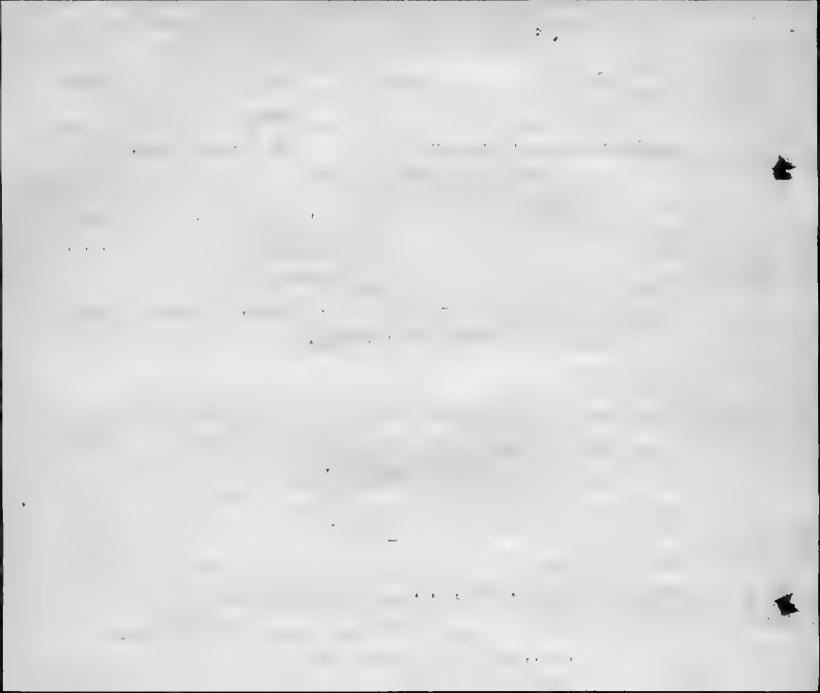
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6586 CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residual December ssion)
1	a. COUNTY By	b. STATE MD. b. COUNTY BALTO.
ΓÀ	MARYLAND MARYLAND	MDPH110.
y	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 11 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
1	CHTONSVILLE	XCATONSVILLE
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g'va street address)	d. STREET ADDRESS 0. 15 RESIDENCE
н	D11-11 D101-11	ON A FARM?
	CHION KILLE HOME	1400 CHALFONTE DR. YES NO
	3. NAME OF Frst Middle	Last 4. DATE Month Day Year
-1	(Type or print) / 16 1= D14 / W/H	TTV DEATH 6/15 196/
	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
<u> </u>	Male Withite WIDOWED X DIVORCED	0//3/10 /3 yrs.
	10s. USUAL OCCUPATION (Give kind of work done done done done done done done done	STRY 11. BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY?
Ш	Trevoto Tolice bet.	md 0.5.a.
6	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1/11/10/01/1/11/20	MARKE PRODICE
} .	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 17	MITHEL CARRICAN
41	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17 (Yes, no, or unknown) [(Hyesgive werordelesofservice)	. INFORMANT Address
-		
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
П	IMMEDIATE CAUSE (6)	uling Occlusion
	DUE TO	Α
	Conditions, if any, which (b)	seleion.
	gave rise to immediate ceuse	
	(a), stating the undarlying cause lest.	
	(6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
		PERFORMED?
	8 Photogram 1 Seal	Sines YES NO C
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	RED. (Enter nature of injury in Part I or Part II of item 18.)
	UF EITHER, NOTIFY MEDICAL EXAMINER	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. 1	PLACE OF INJURY (Home, ferm, 2Df. [City or town] (County) (Stata)
	B Rout a.m.	factory, street, office bldg., atc.)
		135 11 (115 111 111
		m 196, to 6,12, 196, that (I) (we) last
-1	saw the deceased alive on	nat death occured at TaM, from the causes and on the date stated above.
-1	22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
-1	Carrie L	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
1	NAME (TYPO) 4605 EDMONDSON A	US BALTO 29 md.
	23a. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	ty OR CREMATORY 23d. LOCATION (City, town or county) (Slate)
	5 Mint 6/19/6/ + Torra	ine Wordlawy md.
	24 FUSIERAD DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	11010 21011 1 185 71	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	1/	DATE HIN 2 0 '61 Cinhun & Flour



MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HFALTH DFPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. COUNTY Page a, STATE b. COUNTY delay is necessary, Baltimore Maryland Reltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necresi town) funeral director. write RURAL and give nearest town) Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) for .d. STREET ADDRESS a. IS RESIDENCE Boar ON A FARM? retained he State B Providence Road near Loch Raven 8700 Lock Bend Drive. YES NO NAME OF Middle Last 4 DATE DECEASED OF ţ **JOHN** WITTITAM WICK (Type or print) DEATH 61 June 19 3 to t 8 with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED S SEY B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. in 18. Give Pages 1, 2, and 3 in 18. Give Pages 1, 2, and 3 in form PM3. Page 5 may 1 mil. File pages 1 and 2 with a worst within 72 hours a may 2 iast birthday) Devs Hours Whi te WIDOWED [DIVORCED March 1. 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Chauffeur Maryland II.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wick Helen White IS. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (Hyesgive war or detex of service) with 216-03-4030 Robert L. Johnson, 3022 Overland no PUTY MEDICAL EXAMINER: This certificate should be executed Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Office along a burial-fransit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Gunshot Wound of Abdomen. IMMEDIATE CAUSE (a) in pencii s a burial-f **DUE TO** Conditions, if any, which (b) "pending" gave rise to immadiate cause Medical Examiner's should be used as a DUE TO (a), stelling the underlying გ cause last. cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0); 19. WAS AUTOPSY CERTIFICATION PERFORMED? writing the word NO 0 YES 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO ON TRIBUTING burial CAUSE OF DEATH. Shot self in abdomen. Chief age 3 MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, ; 20f. (City or town) Page 20c. TIME OF INJURY Month, Day, Year (County) (State) 2 factory, street, office bldg., atc.) Hour Jane While Not While 19 61 should be forwarded to the FUNERAL DIRECTOR: PA prior at work of work Road Baltimore Towson Md. ease execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection Inquiry and in my opinion designated agent, death resulted from: Natural causes Suicide X Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 6/25/61 EXAMINER'S Charles S. Petty NAME (Type) Address (Street, city, town, or county) 2 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) P40 ᆼ Ö Baltimore BURIAL 6-28-61 Moreland Memorial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME JUN 2 8 '61 Wm. Cook-Blight, Inc., 6009 Harford Road Arthur S. House 5M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



TO FITAL OR ATTENDING PHYSICIAN: The law requires that the dmath certificate be extended within 24 Emurs after dealth. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fumeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

/	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dateesed lived, if institution: Residence before definission)
	Baltimore Maryland	e. STATE Mass. b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest lown)
	write RURAL and give neerest town)	Newton Center
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street address)	d STREET ADDRESS e. IS RESIDENCE
1	607 Piccadilly Road	83 Nerwood Road ON A FARM?
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	DECEASED	OF
	TOOTSE MINITION MINITION	0 tag 1),
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey Months Days Hours Min.
		ay 20, 1886 75 yrs.
	10e. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)	Y , 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Own Home	Mass. USA
_		14. MOTHER'S MAIDEN NAME
	John Charles Frement Slayton	Gertrude Lancaster
ン	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	(Yes, no, or unkown) (Ifyesgive wer or detex of service) None	amily Records
	NO NOTE NOTE NOTE NOT	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY.	Tim ONSET AND DEATH
	IMMEDIATE CAUSE (OI CHIEFE CONTINUEDO)	MIE WIND WELLEN GENERAL
	DUE TO	6
	Conditions, if eny, which (b)	
	geve rise to immediate ceuse (a), stelling the underlying DUE TO	
	ceuse last. (c)	
	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	¥ V	YES NO FA
	E 20€. ACCIDENT WAS UNDERLYING □ , 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Part II of Item 18)
Δ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While	ory, street, office bldg., etc.)
		10000 3 9 11 1 1 10 15
	21. I certify that (I) (this hospital) attended the deceased from.	· // /////////////////////////////////
	saw the deceased alive on	death occured at M. M. from the causes and on the date stated above.
	21a. SIONATURE	ATTENDING MED. STAFF 22b. DATE
,	Mureuse C. Tost 1	D. PHYS. PHYS. PHYS. A 6-16-61,
1	22c PHYSICIAN S NAME (Type) / ALL PENCE	22d ADDRESS, U.J. L. D. M. J.
) (NAME (13DE) Y WA KENCE C. 182	6801 york Far Dalumore 12 mg
1	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY (State)
1	Removal June 16.1961 Short & Willi	lamson Funeral Home Boston, Mass
7	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	John Burns' Sens, Towson, Maryland	DATE DATE

E 6 3 84 5 · · · rins, comments,

AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH funeral director. Page ained for your files State Board of Health, e. COUNTY b. COUNTY a. STATE Baltimore Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporale limits, write RURAL and give nearest town) write RURAL and give nearest town! Owings Mills Owings Mills, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Owings Mills Ma Greenspring Ave. Rt #1 Greenspring Ave. . YES NO X DECEASED OF (Type or print) Vivian DEATH 19 61 Clement June 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF B.RTH lest birthday) Months Days WIDOWED [DIVORCED [ä Male yrs. 10e USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY! 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratirad) U.S.A. Veterans Admin. Ohio Physcian 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Izetta Blevins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. -17. INFORMANT Addre Owings Mills. Md. (Yes, no, or unknown) (If yas que wer or detes of service) Mrs. Earline B. Wolfe. Greenspring Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac Decompensation IMMEDIATE CAUSE (a) 6 mas. **DUE TO** Aricular Fibrillation 6 mos. geva rise lo immediale cause "pending" DUE TO (a), stelling the underlying Angina Pectoris 6 mos. cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? NO X none showld 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. none none ease execute the certificate, writing should be forwarded to the Chief 20d. INLERY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Yeer (County) factory, street, office bldg., etc.) _Not While Hour a.m. el work Thone none al work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [X], Inquiry X and in my opinion death resulted from. Natural causes k. Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER d. Earles DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-1-61 DEPUTY MEDICAL EXAMINER T NAME (Type) Dr. D. D. Caples, Reisterstown, Md. Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMETERY 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Baltimore, Md. E40 9 July3.1961 | Baltimore National Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Orlang & Kraus TDATE JUL 6 ²61 5M 7/59



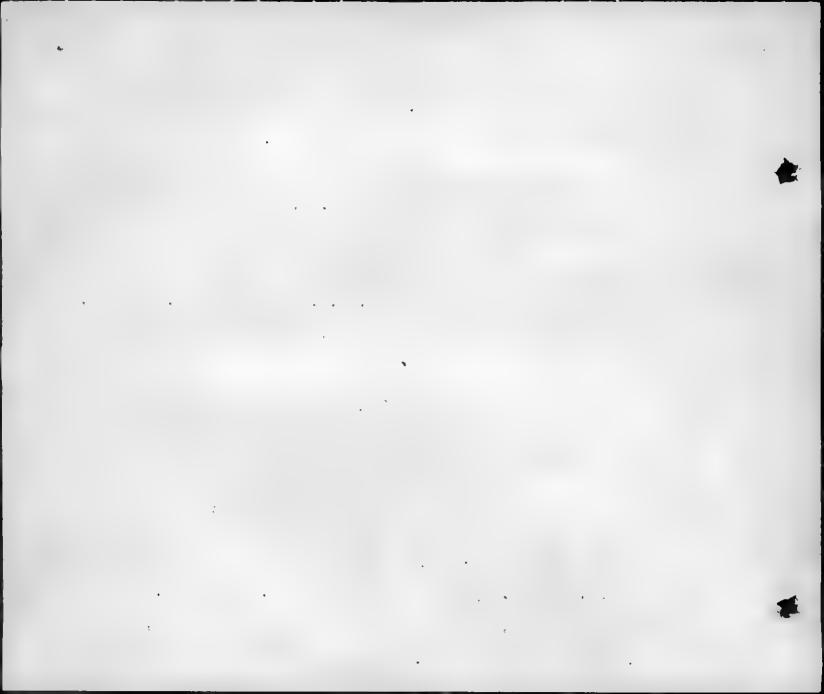
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06574

}	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. STATMaryland b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b CATONS VIIIE 7 yrs.	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Baltimore
3	d NAME OF HOSPITAL (If not in hospitol, give street address) OR NSTITUTION Paradise Nursing Home	d. street address 3815 W. Cold Spring Lane on A FARM? YES NO D
	3. NAME OF DECEASED (Type or print) Jennie Foulac Wood	Last 4. DATE Manth June 13 1961
		B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Sept. 2 1876 Big birthday) Manihs Days Haurs Min
	Female White WIDOWED DIVORCED	Sopor Egizoro
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School – teacher	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Maryland
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	Thomas Wood	Alice Roberts
ノ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or anknown) [II yes, give war or delse of service) NO	s. R.J. Beggs 3501 St. Paul St.
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part 1 ar Part 11 af item 18)
	20c TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED for Haur a m While at wark at wark	ACE OF INJURY (Hame, form, 20f. (City or lawn) (Caunty) (State)
	220 SIGNATURE NAME Standard Standard	teath accurred atM. From the causes and an the date stated abave. ATTENDING MEDITED STAFF 22b. DATE SIGNED PHYS DIRECTOR PHYS 22d. ADDRESS 3033 W. North Ave.
	23a BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY O BURIAL June 16,1961 Baltimo	D 212 M -7 2
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	John O. Mitchell & Sons, Inc.	DATE ON 1301 arthur S. Kraus
	1900 Eutaw Place	



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-0.3	U	J	3.

MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION	OF	STATISTICAL	RESEARC	H AND	RECOR	os —	BALTIM
•		CEI	RTIFIC	ATE	OF	DE/	ATH

0	^	-	PY		
	O	J	4	J	

	1 PLACE OF DEATH		USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)
	Baltimore	MARYLAND	o. STATE b. COUNTY BOLL 2225
		OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)		
,	d NAME OF HOSPITAL (If not in hospital, give street address)	chinali	d. STREET ADDRESS
	OR INSTITUTION		ON A FARM?
	Callege Manor		106Alleghany ACE YES NOW
	3 NAME OF First	Middle 1	Losi 4. DATE Month Day Yeor
	(Type or print)	Koberta	MANGS DEATH JUNE 18 196/
	5. SEX 6 COLOR OR RACE 7. MARRIED NE	ER MARRIED THE 8. DA	ATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS
	Fomale WIDOWED FT	DIVORCED (7	1 146 1887 lost birthdoy) Months Doys Hours Min.
	100. USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF B	ISINESS OR INDUSTRY	7.5
	during most of working life, even if ratired)	A.	0110
1	None	0	Daltimore 910.
	13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME
	J. Robert Woods		Alice Spileker
	15 WAS DECÉASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	CURITY NO. 17. INFORM	MANT Address
		ne 61	nmak words her in it by 121
	18. CAUSE OF DEATH Enter only one couse per line for (o), (l), ond (c)]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY	and and	ONSET AND DEATH
1	IMMEDIATE CAUSE (o)		2/00000
	1317		
	Conditions, if any, which (b) (b)		
	couse (o), stoting the under-		
	lying couse lost. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9 WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		YES NO
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW OR CONTRIBUTING ACRES OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED. (En	nter nature of injury in Part (or Part II of item 18.)
7			
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCC While Not work of work of work of work of work		OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour o.m. 19 While Not wo	niie '	, street, office bldg., etc.)
	p. m. 17 ol work ol work	к Ц	
	21 I certify that (I) (this haspital) attended the d	eceased fram	1950 ta_ June 28 19 5/, that (1) (we) last
	saw the deceased alive an19_4	🛃 , and that death	h accurred at APM, from the causes and an the date stated above.
	220 SIGNATURE		ATTENDING STAFF SIGNED
	francien E. pestel	M.D.	
	22c PHYSICIAN'S NAME (Type)	. 1.3	22d. ADDRESS
	pranully L.	> 11 C	ig ig is the st
		NE OF CEMETERY OR CRE	EMATORY 23d LOCATION (City, town, or county) (State)
Parent of the last	Burial Specify July 1,1961 Gree	nmount Ceme	
	24, FUNERAL DIRECTOR'S SIGNATURE ADDR		25g DECID BY REGISTRAR 25h REGISTRAR'S SIGNATURE
	John Burns' Sons, Towson, Maryl	. zn d	DATE JUL 5 '61
			DATE OF STATE



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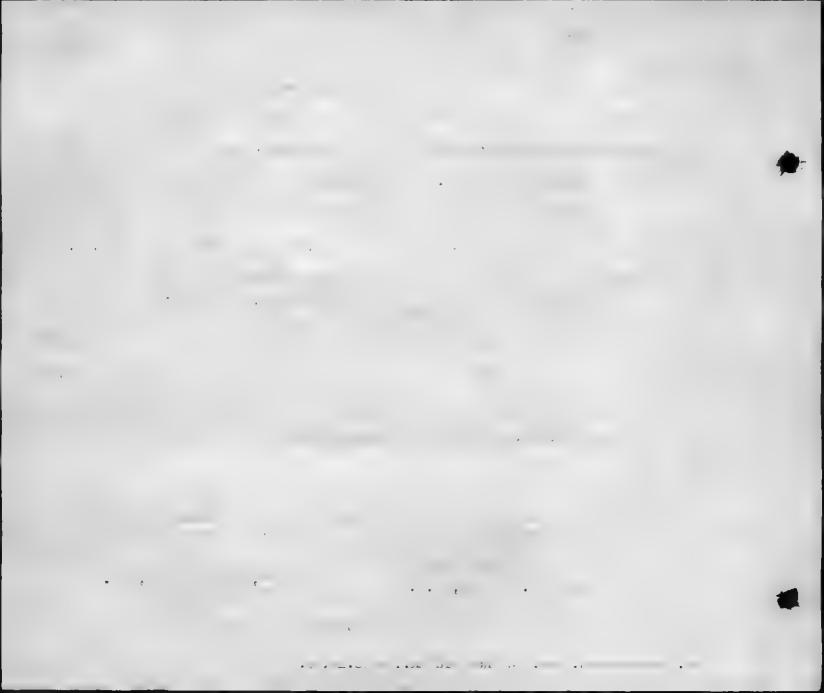
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON 6592 CERTIFICATE OF DEATH

06576

	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institutions	Residence before edmission
1	Do 7 del manus	ARYLAND MARYLAND 6. COUNTY	
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH C	DF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL e	nd give neerest town)
-1	Fort Howard 3 Day	S X malletones On (Ward Barrie C	13.)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give stree	Destablished Tilling Learn C	(1)
		1	ON A FARM?
	Veterans Administration Hospital	1448 Calena Road	YES NO
	3. NAME OF First Mid	ide Lesi 4. DATE Month	Dey Yeer
-1	(Type or print) ALFRED J.	WOOLLEY DEATH June	19 19 61
- 1"	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	ARRIED B. DATE OF BRTH 9. AGE (In yeers) IF UNDER	
		Months	Oeys Hours Min.
ŀ	Male White WIOOWED OIV	August 17,170	ITIZEN OF WHAT COUNTRY
-1	done during most of working life, even if retired)	SS OR INOUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. C	INZER OF WHAT COOKING
	Driver Trucking	g Baltimore, Maryland	U. S. A.
J	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
)1	Alfred Woolley	Louise Wagner	
7	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECUR	RIY NO. 17. INFORMANT Address	_
-1	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Clinical Records, VAH, Baltimore 18	, Maryland
	Yes WW II 216-07-	5391 Fort Howard	Division .
		end (c) [INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EMPHYSEMA		UNKNOWN
	241 V DUE TO		
	A COULDAN		UNKNOWN
	geve rise to immediate couse		TMONTHUL
	(a), steling the underlying OUE TO		
	ceusa last. (c)		
	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED?
	ARTERIOSCLEROTIC HEART DISEASE	- DURATION UNKNOWN	YES NO 1
-1	E 200. ACCIDENT WAS UNDERLYING ZOB. DESCRIBE HOW IN	UURY OCCURED. (Enter netura of injury in Pert I or Part II of Item 18.)	
-1	OR CONTRIBUTING CAUSE OF DEATH USE (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	The state of the s	RRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town)	ounty) (Stata)
-1	20c. TIME OF INJURY Month, Oey, Year 20d. INJURY OCCUR Hour a.m. While Not While D.m. 19 et work et work	f - t	(0,0.0)
	E p.m. 19 et work et work		
- 1	21 certify that [0] (this hospital) attended the dec	ceased from June 16 1961, to June 19, 1	9 .61 that 1(1) (we) la
-		1., and that death occurred at	
	27a. SIGNATURE	- A	226. DATE
1	70 1600	ATTENDING MEO STAFF PHYS. OIRECTOR PHYS.	6/20/62
-	22c, PHYSHETAN'S	m.u.	6/19/61
	NAME (No) Thomas F. Crahan, M.		Md.
		a of a sound a series	
		OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or cou	nty) (State)
	Burial 6-22-6/ Bal	timore National Baltimore 28,	Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRE		
		and the state of	S. Krons
1	Mm. Cook-Blight, Inc. 6009 Harford	Rd., Balto. 14, Md DATE JUN 21 '61 Cirling	



EMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Ridgewood

967

Druid Ridge

24a, REC'D BY REGISTRAR AVE DATE JUN 2 2 '61

245 PEGISTEAR'S SIGNATURE

Circling S. Thous

06577

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO 7

(State)

(Stote)

12. CITIZEN OF WHAT COUNTRY?

20

Days

(County)

Months

YES NO M

Yeor

19

61

Rea. Dist. No.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH funeral director. Page lained for your files. State Board of Health. e. COUNTY **b.** COUNTY delay is necessary, **SALTIMORE** MARYLAND MARYLAND LLT INCRE b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CHASE CHASE Mb d NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? B08399 NORTH RIVER DRIVE State HTSOCH YES NO 3. NAME OF Middle s 1, 2, and 3 to the it age 5 may be retail 1 apd-2, with the Str 72, hours after dea DECEASED OF (Type or print) DEATH DAR BARA 1961. 6 LOLLER 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. last rihdey) Months Days DIVORCED WIDOWED -10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (State or fore an count Office along with form PM3. Page burial-transit permit. File mages 1 and done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, MARYLAND HOUSEWIFE **そのいるをしょうな** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHRISTIAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or dates of service) ZOLLER 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN CARdio-VASCULAR ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if any, which {b} pave rise to immediate cause pending" DUE TO (a), steting the underlying Examiner SE causa lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremati ይ please execute the certificate, writing the word Medical should 20b. DESCRIEE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 20d INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (Courty) (Slata) 908 factory, street, office bldg., etc.) Whila Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection U. Inquiry L and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, Elty, town, or county) 22a, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Ä REMOVAL (Specify) MORELAND 40 PARK BURIA MORE 24a, REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 7401 Below Re 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 6595 filed with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY d. STATE Maryland b. COUNTY Balto.28. Maryland MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Pe RURAL-and give negrest town) ploods Baltimore Corraril d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE 215 W. Lorraine Ave OR INSTITUTION ON A FARM? 25 Summit Nursing Home YES NO TO Summit /& / Smithwood / Ave/ pup NAME OF Middle 4. DATE Last Month Day Year DECEASED Annie C.Zorio DEATH June 8.1961 (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED T 8. DATE OF RIGHT last birthday) Months Days Hours Min. 24.1884 WIDOWEDT DIVORCED | July papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) oud Cefalu' Italy U.S.A. carbon offer 13. FATHER'S NAME physician Santo Catanese Teresa Rosso hours remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address within 72 Annie L. Salmeri 3104 W. Garrison Ave. attending edse 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO à permit. duy Conditions, if any, which gned gave rise to immediate **DUE TO** cause (a), slating the underpup been si lying couse last. burial-transit attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ADT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS. WAS AUTOPSY CATION removal. PERFORMED? YES NO 7 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY/OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City of tawn) Month. Day. Year (State) (County) factory, street, affice blog., etc.) q. m. While Nat while 19 at work at wark 101 21. I certify that Latty Inded deceased fram ...that I last saw the deceased detached alive an that death occurred & from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DIRECT ACTUAL å prior 3 should PHYSICIAN'S the registrar TO FUNERAL NAME (Type 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stole) abod Burial 61 New Cathedral Cem Old Frederick Road 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE JUN 9

Joseph Farace Inc. 712-14 E. North Ave

arthur S. Mars

V5 A15 (4) 15M 9/S5

Page

death:

that

VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

L	6596 CERTIFICAT	E OF DEATH	06580
1	1. PLACE OF DEATH a. COUNTY BATTONORE MARYLAND	2. USUAL RESIDENCE (Where deceased I	ived, If institution: Residence before edmission) COUNTY ()
-	b. CITY OR TOWN (if outside corporate limits, write RUPAL and give necrest town) D. C. LENGTH OF STAY IN 1b WARYLAND C. LENGTH OF STAY IN 1b	D 1.	its, write RURAL and give neerest town
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ST. Josephs Lon V. Home	1272/VUELWEIT 127	rol St. a. Is residence on a farm?
	3. NAME OF DECEASED (Type or print) BOIS ZVICKAS 5. SEX 16. COLOR OF RACE T MARRIED DISTRIBUTION AND PRINT TO MARRIED T	Losi 4. DATE OF OF DEATH 8. DATE OF BIRTH 9. AM: (1	Month Dey Yeer Une 2 196/ n years IF UNDER 1 YEAR IF UNDER 24 HRS.
-	MALE White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	DEC. 8, 1891 69	thdey) Months Deys Hours Min.
	done during nost of working life, even if retired) 13. FATHER'S NAME	LITHUANTA 14. MOTHER'S MAIDEN NAME	U.SA.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive were delesofservice)	INFORMANT P. Joseph DASH 337 W	Address In IT FIEld Rd.
0	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO AVERYORS AVER 10 SEP (e)	nay occlusion	INTERVAL BETWEEN ONSET AND OSATH
MEDICAL CERTIFICATION	gever ise to immediate cause (e), stating the underlying cause lest. (c) (c) (b) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (g) (g	d arteriosis	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	ofis	PERFORMED? YES NO IN
		ED. (Enter nature of injury in Pert I or Pert II of item	
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL While No! While fe work et work	LACE OF INJURY (Home, farm, 2Df. (City or town sciory, street, office bldg., etc.)	
		at death occured at M, from the co	
		M.D. ATTENDING MED. STAF	
11	22c. PHYSICIANS TUSTINAS KUDIRKA	2151 Wilker	City, town or county) (State)
	Dollar	emra Ceal B4/7	City, town or county) (Style City, town or county)
-	24 FUNERAL DIRECTOR'S SIGNATURE 2- UNDROWSKI 2518 F. BATTIMOR	DATE JUN 1 2 '61	arihun S. Kraus

